

Name
in
Full

Miss Mary Elizabeth Ady.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Towson		Baltimore		County		MARYLAND	
Date of death		1907	Month	May	Day	18	Age	53	Years
								Months	4
								Days	0
Sex		Female		Color or Race		white		Birth-place	
								Towson	
Occupation		Music Teacher		Where Residing if not at place of death					
Married, Single or Widowed		Single		Name of Wife or Husband					
Father's Name		Edward H Ady		Father's Birthplace		Harford Co			
Mother's Maiden Name		Hermella M Wheeler		Mother's Birthplace		a		a	
Name of person giving information		Mrs H C Buerke		How related to deceased		Sister			

CAUSES OF DEATH

140

PHYSICIAN
OR CORONER

Primary	Malignant disease of Liver	How long	Two months
Immediate	Inaction of Kidney & Liver causing dropsy	How long	only a few
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		D J Sanetti	
Address		Towson	
Accident or Suicide?			

St Mary Cemetery
H. C. Widdifield

May 21/07

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

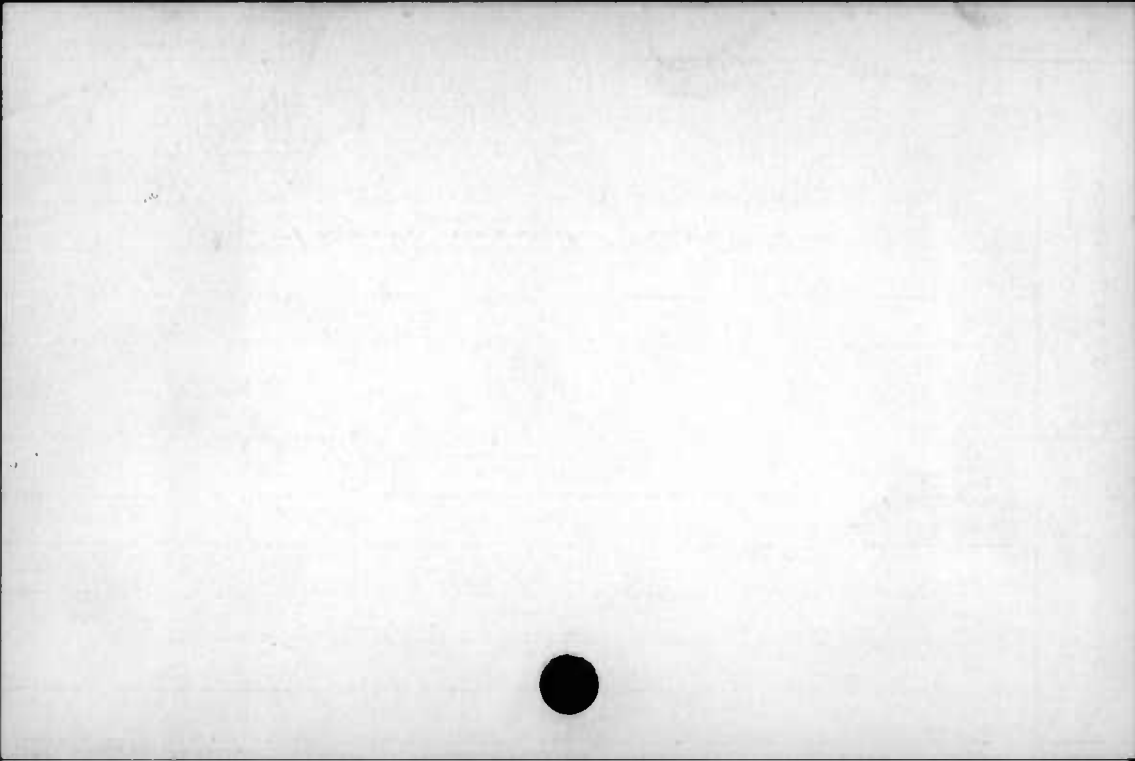
Died at <i>Walters</i> <small>Town</small>		<i>Boaltonore</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>		<i>5</i> <small>Month</small>	<i>7</i> <small>Day</small>	<i>81</i> <small>Years</small>	<i></i> <small>Months</small>
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Walters</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Unknown</i>			
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Henry Andrieff</i>		How related to deceased <i>his son</i>			

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long
Immediate	<i>Pulmonary Tuberculosis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Carroll L. Mace</i>
		Address <i>Rossville</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> <small>Town</small>		<i>Balto.</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>May</i> <small>Month</small>	<i>23</i> <small>Day</small>	<i>2</i> <small>Years</small>	<i>5</i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Balto.</i>		
Occupation <i></i>			Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>			
Father's Name <i>Philip Amrhein</i>		Father's Birthplace <i>Balto.</i>			
Mother's Maiden Name <i>Augusta Scherff</i>		Mother's Birthplace <i></i>			
Name of person giving information <i>Augusta Amrhein</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Measles-Pneumonia</i>	How long <i>a few days</i>
Immediate <i>Asthma</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. L. Maltins</i>
	Address <i>6 N. Brady</i>
Accident or Suicide? <i></i>	

Poly Adamson

Name
in
Full

Emma Bartels

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

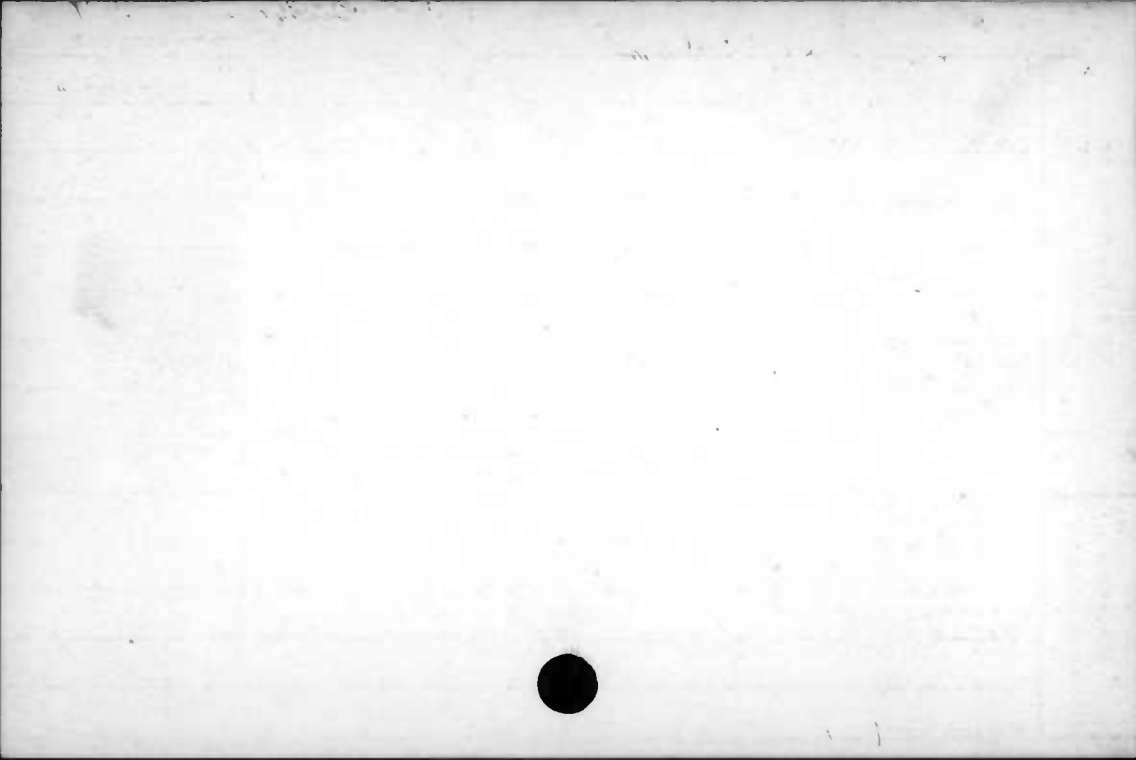
Died at <i>Middle River</i>		<i>Baltimore</i>		MARYLAND	
Date of death	1907	Month	May	Day	20
Age		57		Months	10
Sex		Female		Color or Race	White
Occupation		None		Birth-place	Pr
Where Residing if not at place of death					
Married, Single or Widowed	Married		Name of Wife or Husband	Chas Bartels	
Father's Name	Christian O. Bartels		Father's Birthplace	Germany	
Mother's Maiden Name	Unknown		Mother's Birthplace	"	
Name of person giving information	Chas Bartels		How related to deceased	Husband	

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Acute Indigestion</i>	How long	<i>few months</i>
Immediate	<i>Heart Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>John W. Harrison Esq</i>
		Address	<i>Middle River Md</i>
Accident or Suicide?	<i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Theodore Christopher Beaker

Died at **Parkton** **Balt.** **MARYLAND**

Date of death **1907** **5** **6** Age **—** **—** **—** **4**

Sex **Male** Color or Race **White** Birth-place **Parkton Md**

Occupation **—** Where Residing if not at place of death **—**

Married, Single or Widowed **—** Name of Wife or Husband **—**

Father's Name **James C. Beaker** Father's Birthplace **Md**

Mother's Maiden Name **Mamie Bull** Mother's Birthplace **Md**

Name of person giving information **Mamie Beaker** How related to deceased **Mother**

CAUSES OF DEATH

How long

How long

PHYSICIAN
OR CORONER

Primary

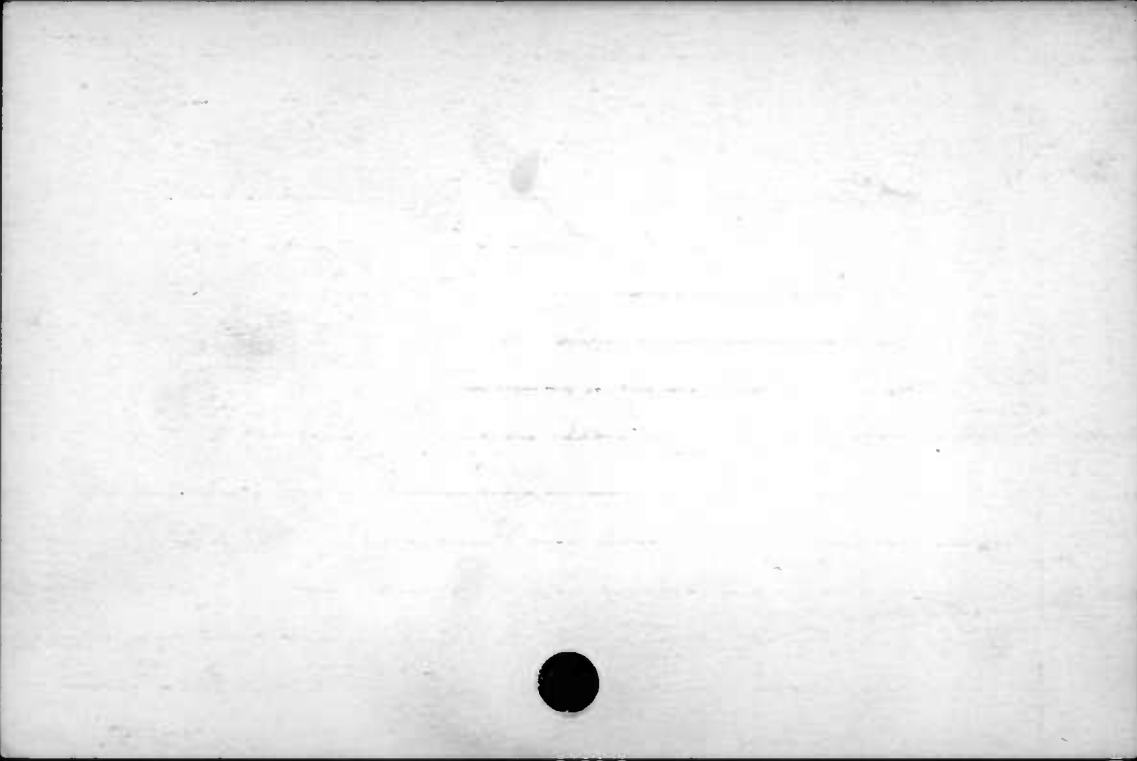
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Phyllis M. Becker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <u>Lauraville</u>		County <u>Balto</u>		MARYLAND	
Date of death	1907	Month	May	Day	10	Age	2
Sex	♀	Color or Race	W	Birth-place	Balto	Months	1
Occupation	—			Where Residing if not at place of death	Lauraville		
Married, Single or Widowed	Single			Name of Wife or Husband	—		
Father's Name	Lewis Becker			Father's Birthplace	Germany		
Mother's Maiden Name	Edna Albio			Mother's Birthplace	Michigan		
Name of person giving information	Lewis Becker			How related to deceased	father		

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary	<u>Tonsillitis + Bronchitis</u>	How long	<u>10 days</u>
Immediate	<u>Lobar Pneumonia</u>	How long	<u>11 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>C. N. Gabriel</u>
		Address	<u>2402 St Paul St.</u>
Accident or Suicide?			

852.
Baltimore Cemetery

May. 13th / 07

Wm Cook Undertaker

507 E North av

Name
in
Full

Samaris H. Benson

CERTIFICATE OF DEATH

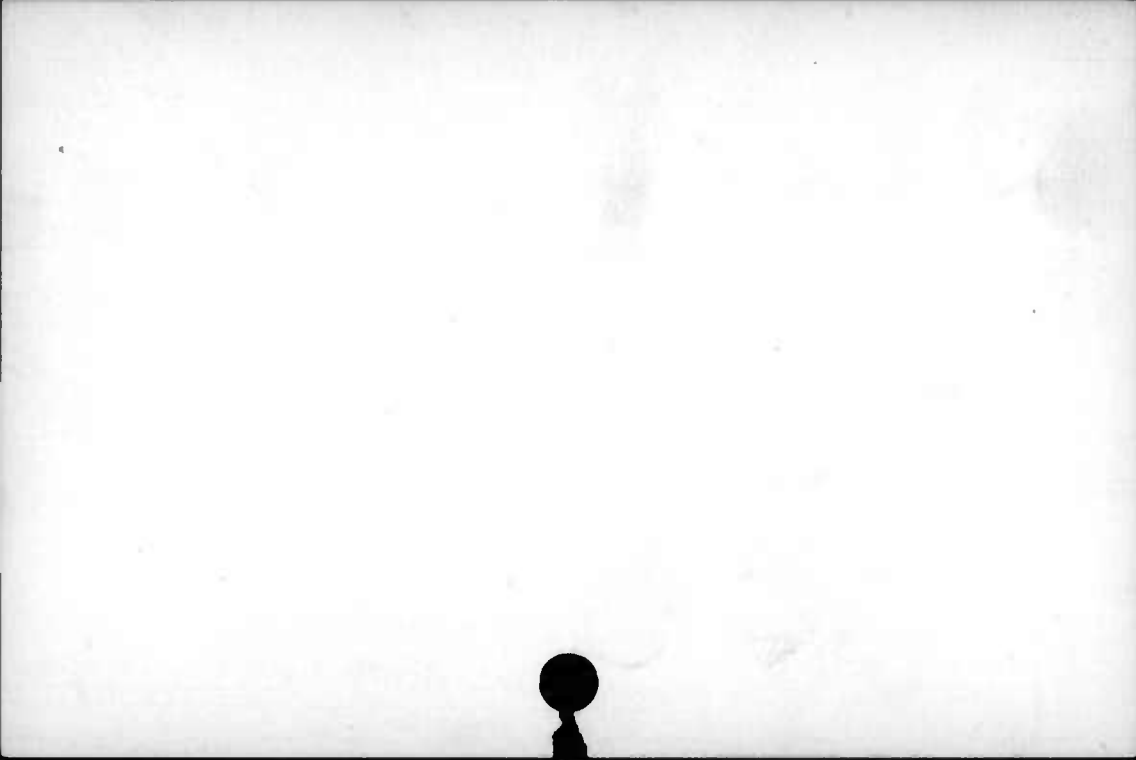
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Date of death	<i>1907</i>	Month <i>May</i>	Day <i>13</i>	Age <i>79</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>New York</i>				
Occupation <i>None</i>	Where Residing if not at place of death <i>Williamsport Md.</i>						
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband						
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>						
Mother's Maiden Name <i>"</i>	Mother's Birthplace <i>"</i>						
Name of person giving information <i>Reed Mt Hope</i>	How related to deceased <i>Not at all</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mania senile</i>	<i>(68)</i>	How long <i>10 years</i>
Immediate <i>ex - senility</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yrs</i>	Signature of Physician <i>Frank J Flannery</i>	
	Address <i>Mt Hope Retreat</i>	
	<i>Baltimore Md.</i>	
Accident or Suicide? <i></i>		



Name
in
Full

Charles Berg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i> ^{Town} <i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>17</i>	Years <i>43</i>
Sex <i>Male</i>		Color or Race <i>White</i>	Birth place <i>Pa.</i>
Occupation <i>Bookkeeper</i>		Where Residing if not at place of death <i>Ridgely, Car-Co Md.</i>	
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>unknown</i>	Father's Birthplace <i>unknown</i>		
Mother's Maiden Name <i>11</i>	Mother's Birthplace <i>11</i>		
Name of person giving information <i>Reeds Mt Hope Retreat</i>		How related to deceased <i>not at all</i>	

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary <i>Mania Chronic</i>	How long <i>over 18 yrs</i>
Immediate <i>Ex - Dec - Dementia</i>	How long <i>5 or 6 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery MD</i>
	Address <i>Mt. Hope Retreat</i>
	<i>Mt Hope Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Morrisville</i> Town		<i>Barn</i> County		MARYLAND	
Date of death	1907	Month	<i>May</i>	Day	<i>24</i>
Age	<i>—</i>		Years	<i>—</i>	Months
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birthplace	<i>Morrisville</i>
Occupation	<i>—</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>—</i>		Name of Wife or Husband		
Father's Name	<i>Lewis H. Beeg</i>			Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Johnna Vogel</i>			Mother's Birthplace	<i>Germany</i>
Name of person giving information	<i>Lewis H. Beeg</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

Primary *Premature Birth*
Morrisville

Immediate *3 or 4 weeks*

How long

How long

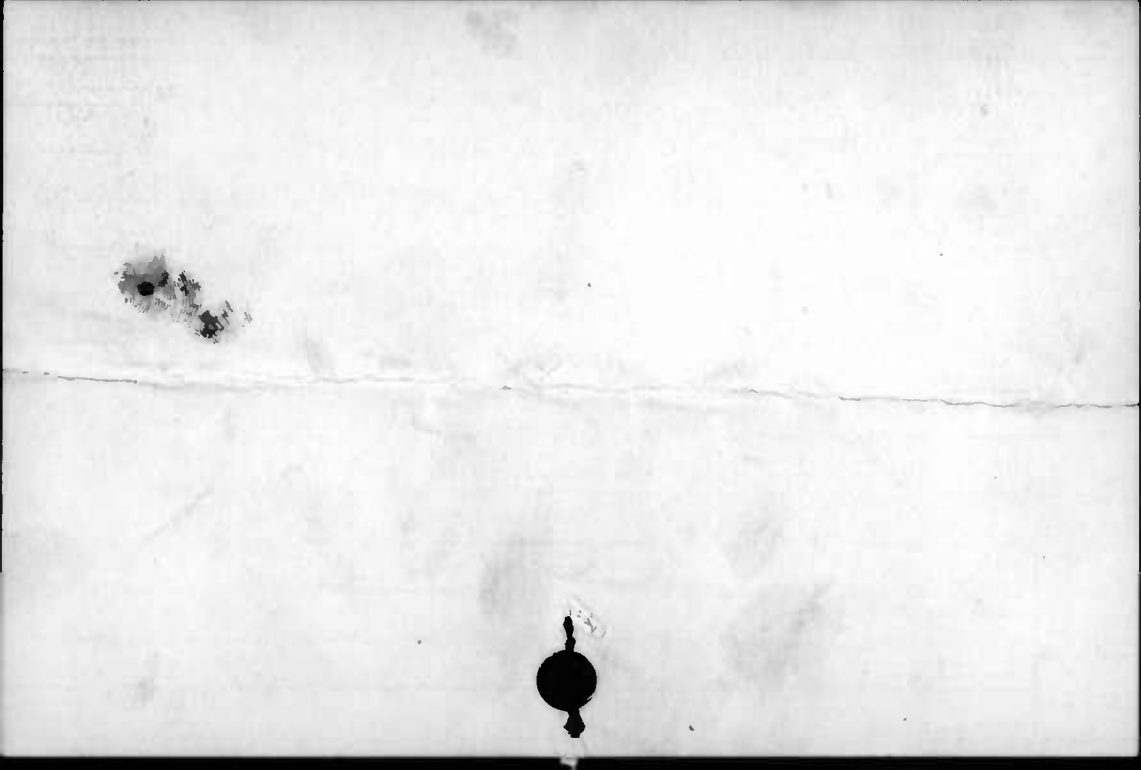
Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

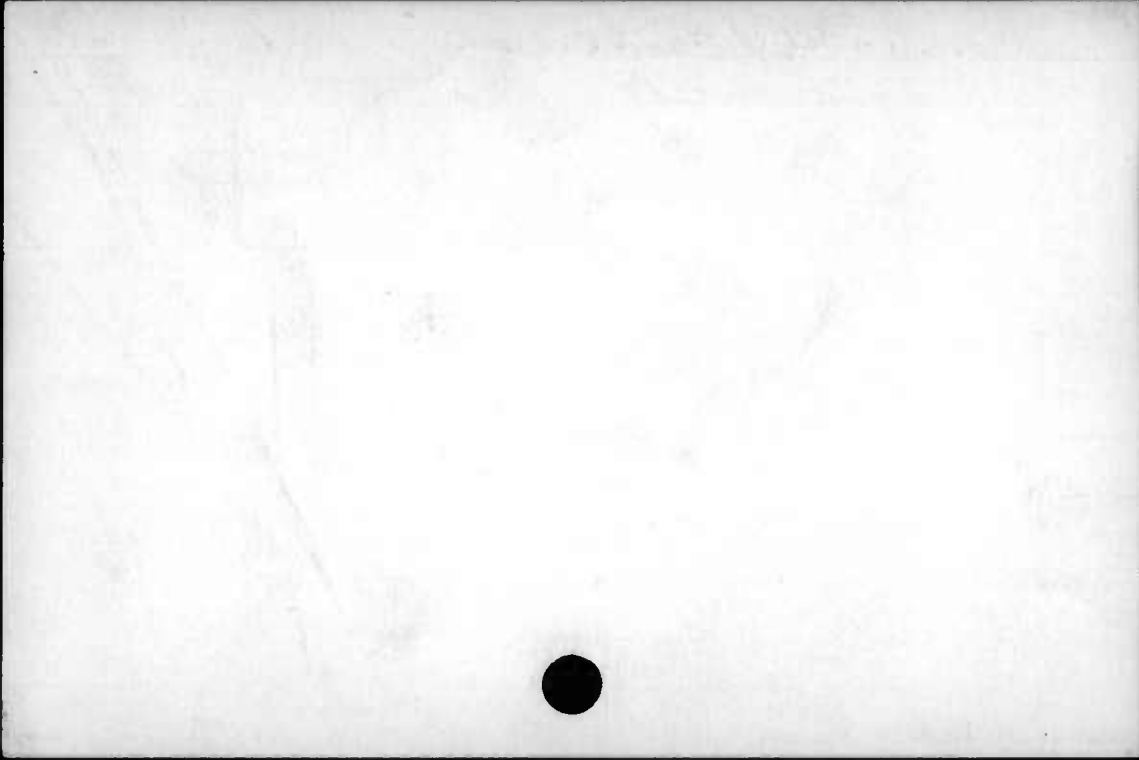
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Bevans, Milton</i>		Town <i>Leatsersville</i>		County <i>Balto.</i>		State MARYLAND	
Died at <i>Leatsersville</i>		Date of death <i>1907 May 19</i>		Age <i>26</i>		Months Days	
Sex <i>Male</i>		Color or Race <i>Cole</i>		Birth-place <i>Ind.</i>			
Occupation <i>Laborer</i>				Where Residing if not at place of death <i>X</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>X</i>					
Father's Name <i>Wm Bevans</i>				Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Margaret Sample</i>				Mother's Birthplace <i>Virginia</i>			
Name of person giving information <i>James Hagler</i>				How related to deceased <i>not</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dementia</i>		How long <i>3 yrs.</i>	
Immediate <i>Pulmonary Tuberculosis</i>		How long <i>4 mos.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Henry Mear</i>	
Address <i>Leatsersville Ind.</i>		Accident or Suicide? <i>No.</i>	



Name
in
Full

CERTIFICATE OF DEATH

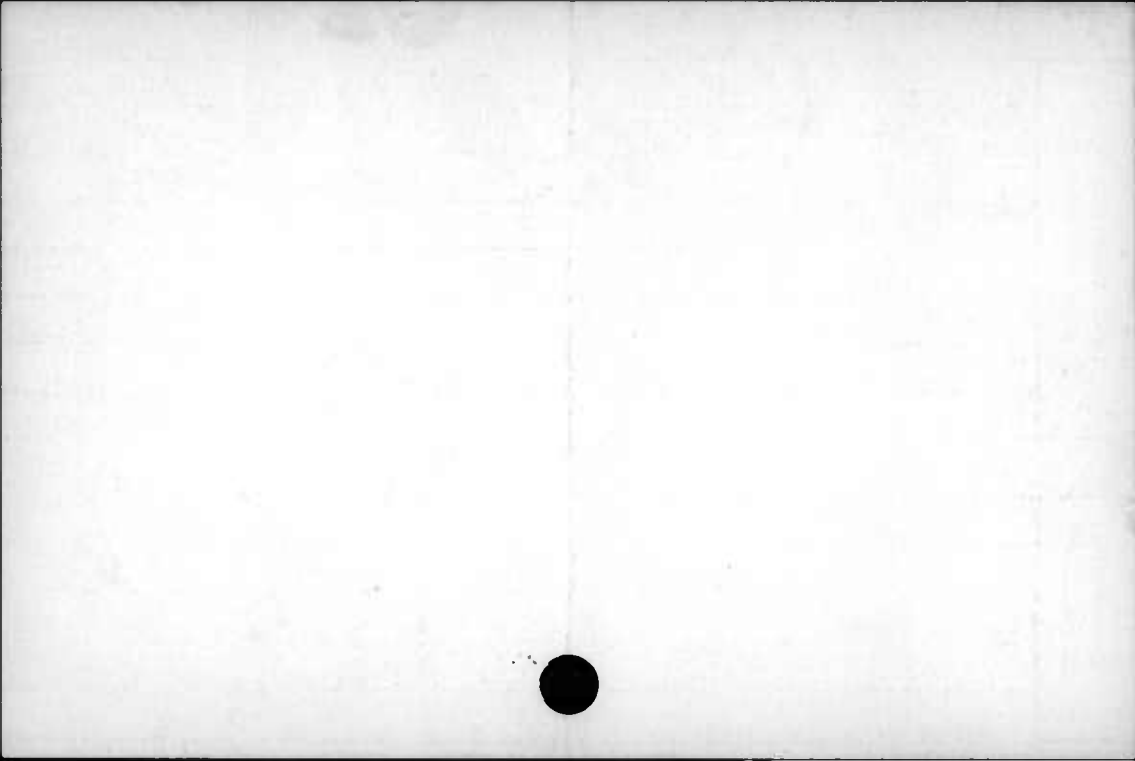
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Glen arm</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>May</i> <small>Month</small>	<i>30</i> <small>Day</small>	<i>5-5-</i> <small>Years</small>	<i>3</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth place <i>Maryland</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife <i>Jesse Billingsley</i> <small>Husband</small>				
Father's Name <i>Boyd Hoard</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Mary Parlett</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Jesse Billingsley</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gun-shot wound</i>	<i>159</i>	How long <i>a few moments</i>
Immediate <i>" " "</i>	<i>" " "</i>	How long <i>" " "</i>
Are the name, age, sex, color, date and place correctly given above? <i>—</i>		Signature of Physician <i>John S. Green</i>
		Address <i>Gittings</i>
Is it Suicide? <i>—</i>		



in Full

Rebecca J. Black

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

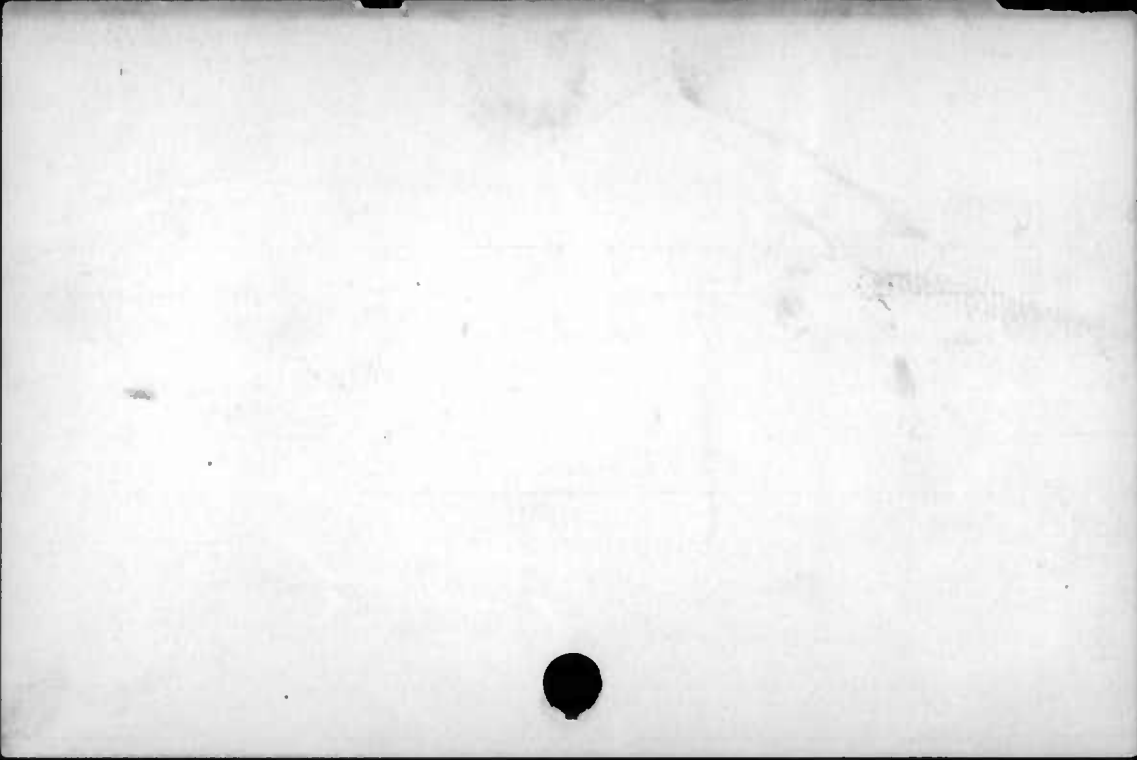
Died at <i>Bradshaw</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>May 29</i> ^{Month}	<i>May</i> ^{Month}	<i>Wednesday</i> ^{Day}	<i>68</i> ^{Years}	<i>6</i> ^{Months}	<i>21</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Penn.</i>			
Occupation <i>Housekeeper</i>	Where Residing if not at place of death <i>Abideen Md</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Joseph Robins Black</i>	Father's Birthplace <i>Penn</i>				
Mother's Maiden Name <i>Lydia A. Parsons</i>	Mother's Birthplace <i>Penn</i>				
Name of person giving information <i>Williamna Black</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

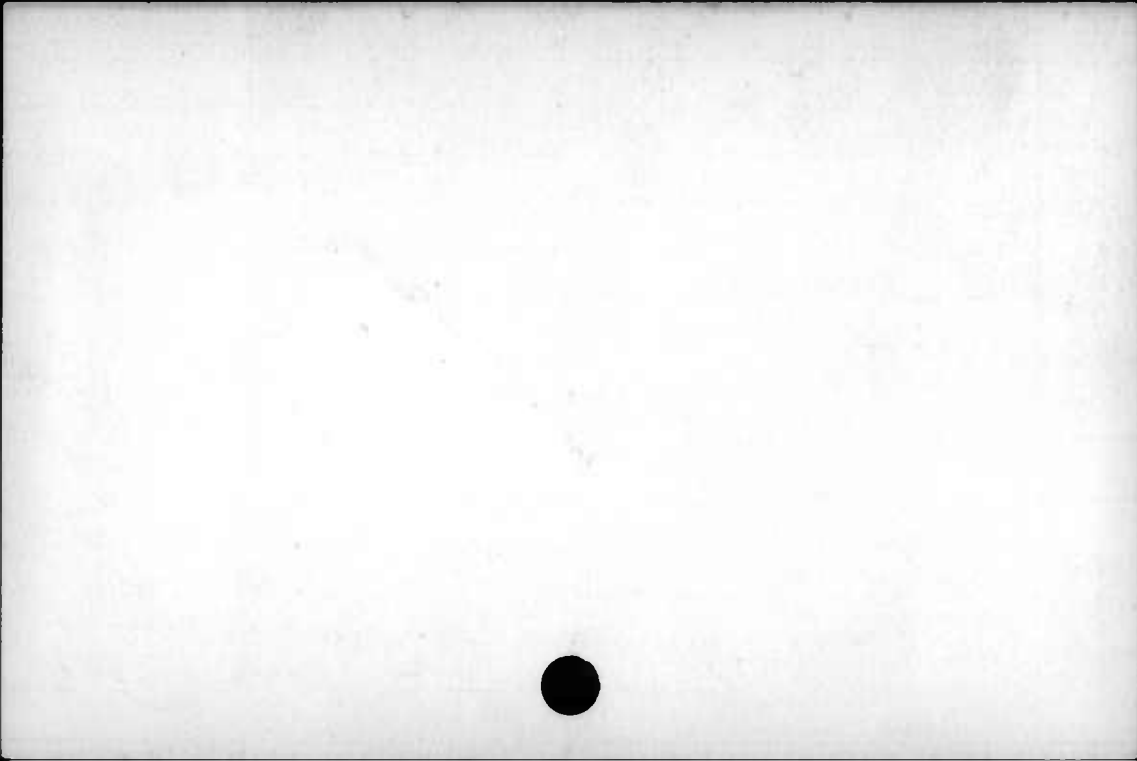
120

PHYSICIAN
OR CORONER

Primary <i>Nephritis.</i>	How long <i>one year.</i>
Immediate <i>Exhaustion.</i>	How long <i>10 days-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Wm. H. Kieft</i>
	Address <i>Abideen, Md.</i>
Accident or Suicide? <i>—</i>	



Name in Full		Certificate of Death			
George T. Blackwell		Died at Canton 2nd Baltimore			
Date of death		Month	Day	Age	Years
1907 May		5	5	27	5
Sex		Color or Race	Birth-place		
Male		White	Pennsylvania		
Occupation		Where Residing if not at place of death			
Laborer		225 Mullers St			
Married, Single or Widowed		Name of Wife or Husband			
Married		Katie Blackwell			
Father's Name		Father's Birth-place			
Wm. Blackwell		Pennsylvania			
Mother's Maiden Name		Mother's Birthplace			
Mary Blackwell		" "			
Name of person giving information		How related to deceased			
Katie Blackwell		Wife			
CAUSES OF DEATH					
Primary		How long			
Suicide		155		4 hours.	
Immediate		How long			
Carbolic Acid		4		"	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes.		P. A. Dunningham			
		Address			
		203 Ford St.			
Accident or Suicide?					
Suicide		Coroner			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Baltimore</u> ^{Town}		<u>Baltimore</u> ^{County}			
Date of death	<u>1907</u>	Month	<u>May</u>	Day	<u>20</u>
Age	<u>40 yrs</u>	Years	<u>2</u>	Months	<u>17</u>
Sex	<u>Male</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Baltimore City</u>
Occupation	<u>Laborer</u>		Where Residing if not at place of death <u>717 Kittle George St</u>		
Married, Single or Widowed	<u>married</u>	Name of Wife or Husband	<u>Ella Boston</u>		
Father's Name	<u>James Boston</u>			Father's Birthplace	<u>Baltimore</u>
Mother's Maiden Name	<u>Mary J. Dorsey</u>			Mother's Birthplace	<u>Montgomery Co Md</u>
Name of person giving information	<u>Willie Dorsey</u>			How related to deceased	<u>Sister</u>

CAUSES OF DEATH

Primary	<u>Natural</u>	How long	<u>immediate</u>
Immediate	<u>Heart Disease</u>	How long	<u>"</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>P.A. Dummigan</u>	
<u>Yes</u>		Address <u>203 Tonne Rd.</u>	
Accident or Suicide? <u>Natural</u>		<u>Coroner</u>	

Do They East of Hudson.
Bald Co.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Charles J Brinson*

Town *Sanderson* County *Balto* MARYLAND

Died at *Sanderson*

Date of death *1907 May 25* Age *39* Months *—* Days *—*

Sex *male* Color or Race *white* Birth-place *Georgia*

Occupation *Baggage Master* Where Residing if not at place of death *Sanderson*

Married, Single or Widowed *Married* Name of Wife *Musetta Brinson*

Father's Name *Matthew Brinson* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *Musetta Brinson* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Bright's Disease* **120** How long *5 mo*

Immediate *Valv. Disease of Heart. -* How long *3 mo*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *C. P. Strauss M.D.*

Address *Baltimore Md -*

Accident or Suicide? *—*

Burial at 4th Mass.

Secretary Battle Mdy

May 28/67.

Wm Cook

Dr. Strunk's 1806 Register Sr.

Name
in
Full

Charles H. Bunting

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

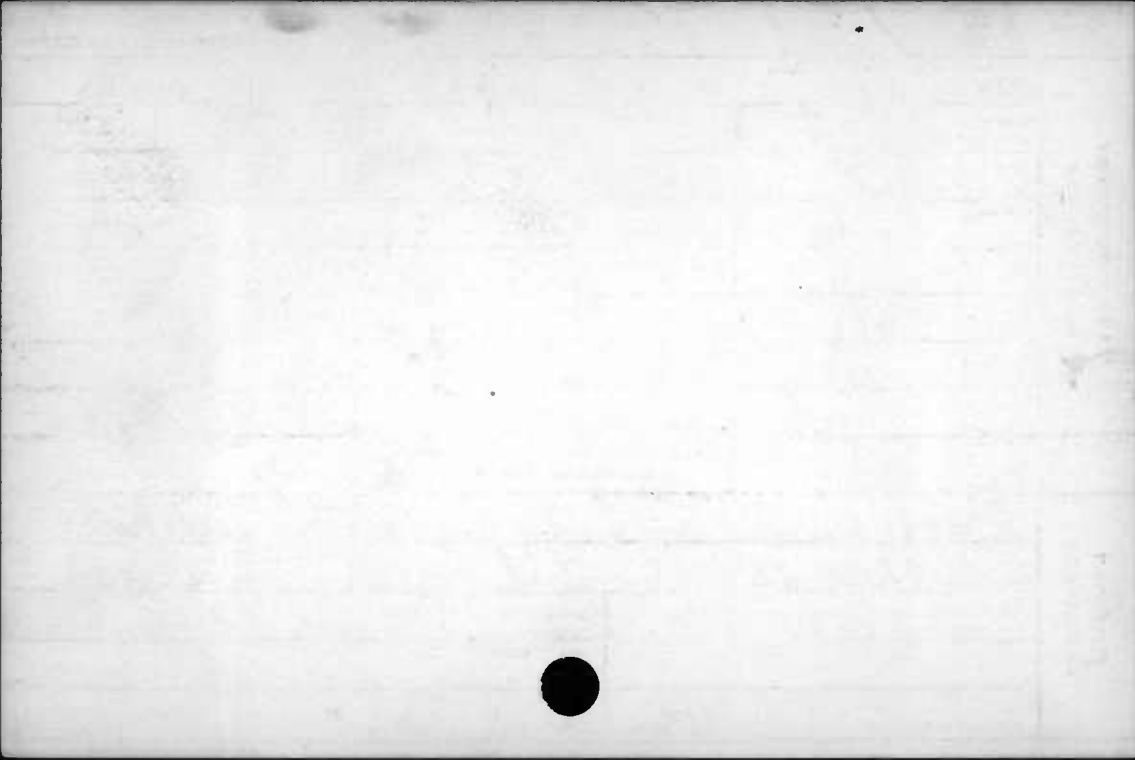
Died at <u>Relay</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	<u>1907</u> Month <u>May</u>	Day <u>6</u>	Age <u>70</u>	Months <u>10</u>	Days <u>19</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Baltimore</u>		
Occupation <u>Professor of Music</u>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>William J. Bunting</u>			Father's Birthplace <u>Virginia</u>		
Mother's Maiden Name <u>Adelia Barnhouse</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Mrs. Wm J. Orring</u>			How related to deceased <u>Niece.</u>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<u>Chronic Interstitial Nephritis</u>	How long <u>2 or 3 years</u>
Immediate	<u>Uraemia</u>	How long <u>4 days.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Wm. R. Eareckson</u>
		Address <u>Eek Ridge.</u>
Accident or Suicide?		



Name
in
Full

Mahala M. Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Garrison Road</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		STATE <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>5</i>	Day <i>13</i>	Age <i>70</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balt. City</i>				
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Garrison Road</i>					
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>John H. Butler</i>						
Father's Name <i>N. R. Woodward</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Eliza Smiser</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Reuben H. Butler</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Emphysema & Gen. Debility Long Old Age</i>	How long	<i>Indefinite</i>
Immediate	<i>Pneumonia & Cardiac Failure</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Frank Keating, M.D.</i>	
		Address <i>Curing Mills Maryland</i>	
Accident or Suicide? <i>Neither</i>			

Holy Family Church
Harrimanville
S

Name

in
Full

CERTIFICATE OF DEATH

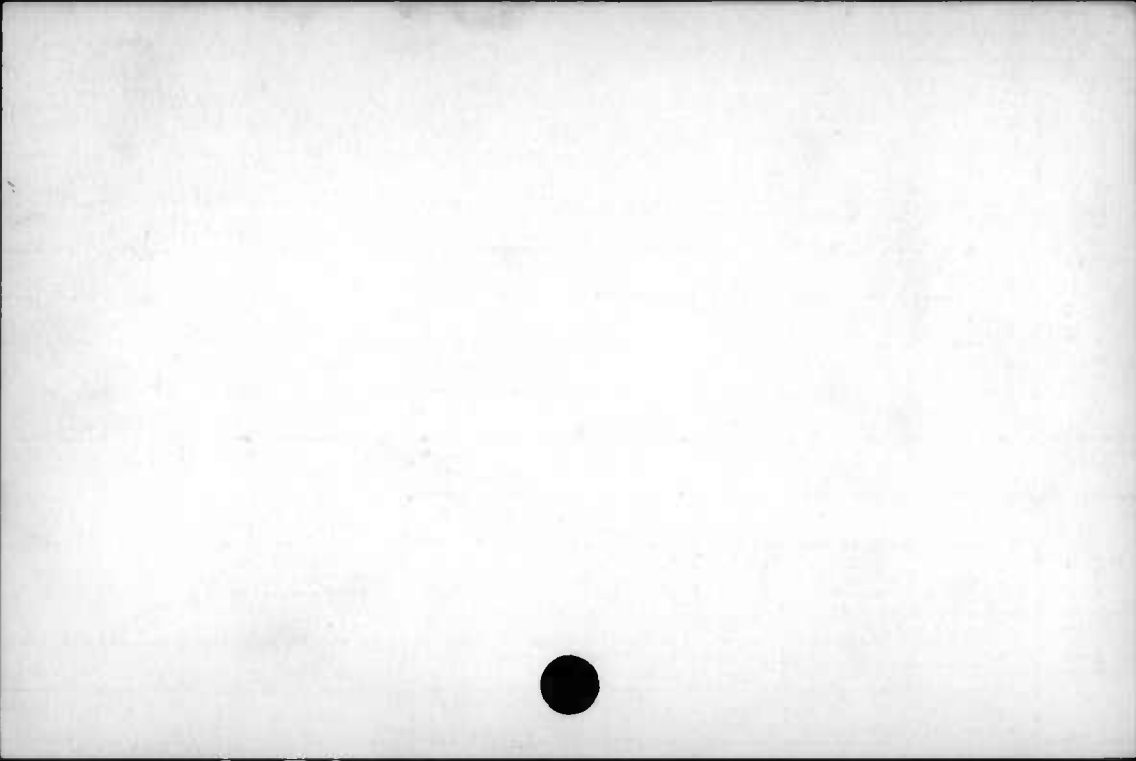
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baltimore</i>		Town <i>unknown</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>May</i>		Day <i>—</i>		Age <i>64</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>		Months <i>5</i>	
Occupation <i>Carpenter</i>		Where Residing if not at place of death <i>827. 6 Montford Ave</i>		Years		Days <i>1</i>	
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Barbara. Butt.</i>		Father's Name <i>Unknown</i>		Father's Birthplace <i>Germany</i>	
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>"</i>		Name of person giving information <i>Christ. Butt.</i>		How related to deceased <i>son</i>	

CAUSES OF DEATH

Primary <i>Drowning</i>	<i>172</i>	How long <i>Missing 10 days.</i>
Immediate <i>Suffocation</i>		How long <i>Unknown</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>P.A. Dunningan</i>	Address <i>203 Toole St Browns</i>
Cause <i>unknown to the jury.</i>	Accident or Suicide?	

Physician
or Coroner
P.A. Dunningan



Name
is
Full

B Franklin Cameron

CERTIFICATE OF DEATH

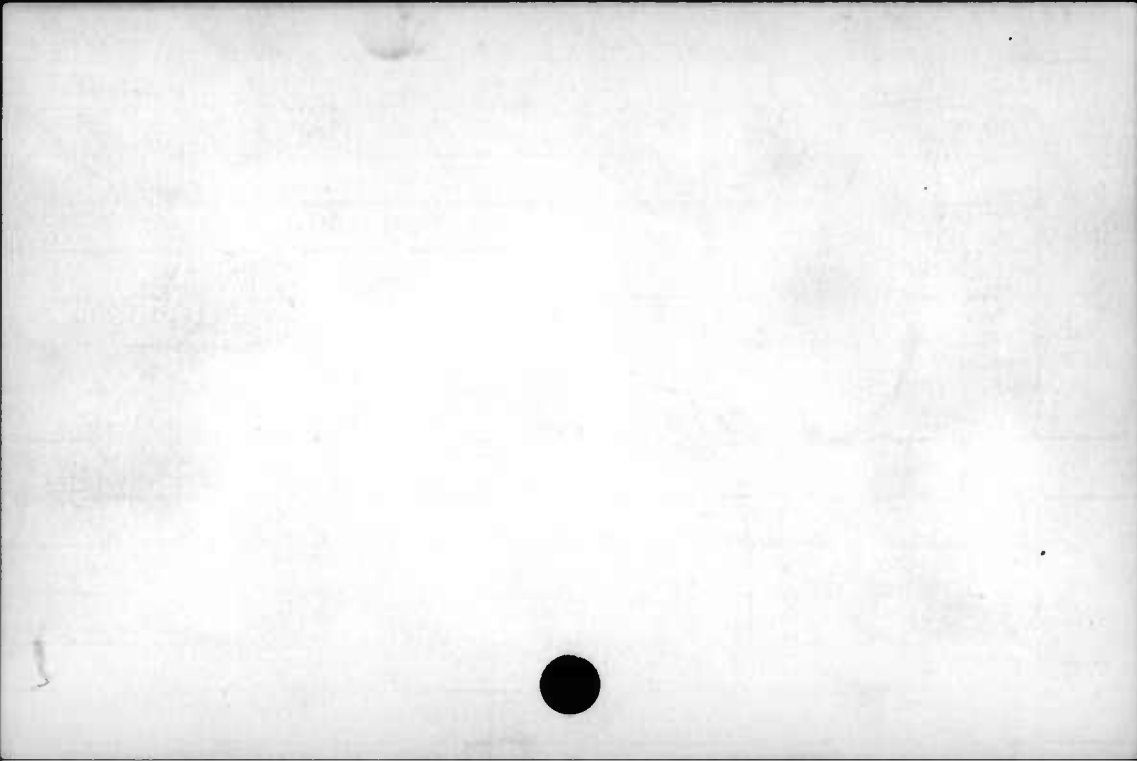
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Walkers		County Balt		MARYLAND	
Date of death	190	Month 5	Day 18	Age 1	Years 1	Months 1	Days 33
Sex	Male		Color or Race	White		Birth- place	Md
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name	B. F. Cameron				Father's Birthplace	Md	
Mother's Maiden Name	Mollie Royston				Mother's Birthplace	Pa	
Name of person giving information	B. F. Cameron				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	La. Grippe	How long	6 weeks
Immediate	Capillary Bronchitis	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. R. Hanna	
Address		Parkton Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pimlico</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>5</i>	Day <i>7</i>	Age <i>1</i>	Years <i>5</i> Months <i>5</i> Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Pimlico</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>Pimlico</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>John Campbell</i>			Father's Birthplace <i>Balto. Co</i>		
Mother's Maiden Name <i>Bessie Lewis</i>			Mother's Birthplace <i>Balto. Co</i>		
Name of person giving information <i>Bessie Campbell</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Mal Nutrition</i>	How long <i>Since birth-</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Henry A. Taylor. M.D.</i>
	Address <i>Pimlico Md.</i>
Accident or Suicide?	

Campbell Cemetery

Name in Full		James C. Causey				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at Catonsville		County Baltimore		MARYLAND		
		Date of death 1907		Month May	Day 7 th	Age 65	Months	Days
		Sex male		Color or Race White		Birth- place Va.		
		Occupation Commission merchant		Where Residing if not at place of death				
		Married, Single or Widowed married		Name of Wife or Husband Mrs Evelyn Causey				
		Father's Name Tom Causey		Father's Birthplace Delaware				
		Mother's Maiden Name Mary Calligius Calom		Mother's Birthplace Scotland				
		Name of person giving Information P. P. Causey		How related to deceased nephew				
		CAUSES OF DEATH		(64)				
PHYSICIAN OR CORONER		Primary Cerebral Hemorrhage		How long about March 14.07				
		Immediate Exhaustion from mania following above		How long several weeks				
		Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician W. Rushmer White				
				Address Catonsville				
		Accident or Suicide? -				Md.		



Name
in
Full

Emily Clements

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

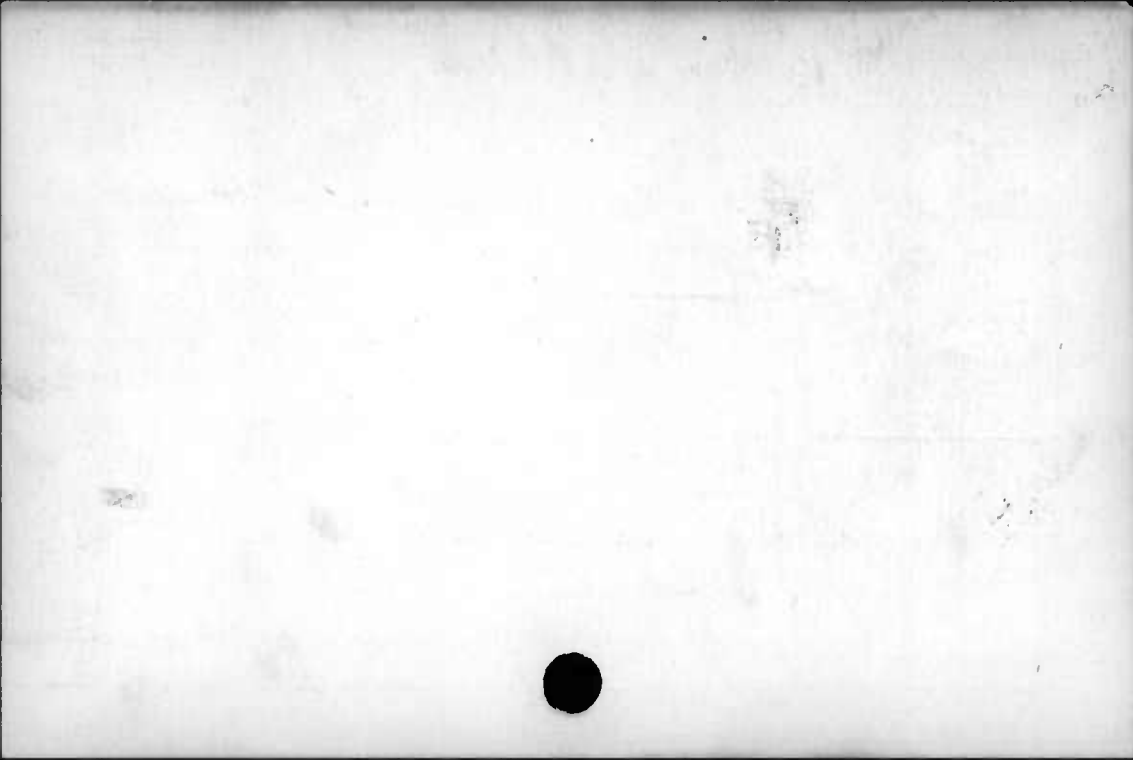
Died at <i>Oella</i> Town		County <i>Balto.</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>May</i>	Day <i>26</i>	Age <i>54</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Walter Clements.</i>				
Father's Name <i>Johnsey Jones.</i>	Father's Birthplace <i>Maryland</i>		Mother's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Elizabeth Jones</i>	How related to deceased <i>Husband</i>				
Name of person giving information <i>Walter Clements</i>					

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Liver & Kidney disease</i>	How long <i>4 yrs</i>
Immediate <i>Exhaustion</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. P. Boring</i>
	Address <i>Ellicott City</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Thomas M Cole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>612 Woodhurst Ave</i>		Town <i>Baltimore</i>		County <i>Co</i>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>May</i>	Day	<i>19</i>	Age	<i>70</i>
				Years	<i>4</i>	Months	<i>19</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Maryland</i>
Occupation	<i>Farmer</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Widower</i>		Name of Wife or Husband	<i>Dead over 30 years ago</i>			
Father's Name	<i>Joseph Cole</i>				Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Louisa Lee Cole</i>				Mother's Birthplace	<i>Maryland</i>	
Name of person giving information	<i>Frank T Cole</i>				How related to deceased	<i>son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dropsy.</i>	How long	<i>7 months.</i>
Immediate	<i>Heart Failure</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Harrison Tongue M D</i>
		Address	<i>Elkridge</i>
			<i>Maryland</i>
Accident or Suicide?	<i>X</i>		

Crowley Bros
25 N. Fulton St

Anna Arnold Co
for interment

Name
in
Full

Marcellus Cox

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lockysville</i> Town		<i>Watts</i> County		MARYLAND	
Date of death 190	7 May	Month	Day	Age	27
Sex	Male	Color or Race	White	Place	Chesney, Md
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	Widower		Name of Husband <i>Jesse Anderson</i>		
Father's Name	<i>Daniel Cox</i>		Father's Birthplace <i>Antietam</i>		
Mother's Maiden Name	<i>Margaret Walker</i>		Mother's Birthplace <i>Walker, Md</i>		
Name of person giving information	<i>Florance Brown</i>		How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>La-Grippe</i>	How long	<i>8 days</i>
Immediate	<i>Catarrh Pneumonia</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Dr T. B. Brown</i>	
		Address	
		<i>Lockysville Md</i>	
Accident or self?			

Interment at Wareface
Baptist Cemetery Linsley
May 5th ..

W. C. Brooks

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sarah Catharine Curtis</i>		Town <i>Howardville</i>		County <i>Balls</i>		MARYLAND	
Died at		Date of death <i>1907</i>		Month <i>May</i>		Day <i>12</i>	
Age <i>69</i>		Years <i>1</i>		Months <i>14</i>		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>W.D.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Home</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Chas A Curtis</i>					
Father's Name <i>Henry Lemm</i>		Father's Birthplace <i>England</i>					
Mother's Maiden Name <i>Elyzabeth Shetler</i>		Mother's Birthplace <i>England</i>					
Name of person giving information <i>Chas A Curtis</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

Primary Cause <i>Chronic Interstitial Nephritis</i>		How long <i>120</i> years	
Immediate Cause <i>Sudden Dyspnoea & Heart failure</i>		How long <i>1</i> hours	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. L. ...</i>	
		Address <i>Washington Md</i>	
Accident or Suicide?			



Name
in
Full

Alice Dares

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Goraustown</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1907</u> ^{Month} <u>May</u> ^{Day} <u>1</u>		Age <u>53</u> ^{Years}		<u> </u> ^{Months} <u> </u> ^{Days}	
Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth-place <u>Virginia</u>	
Occupation <u>Cook</u>		Where Residing if not at place of death <u>Goraustown Md</u>			
Married, Single <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Donk Know</u>		Father's Birthplace <u>Virginia</u>			
Mother's Maiden Name <u>Donk Know</u>		Mother's Birthplace <u>Virginia</u>			
Name of person giving information <u>Nellie Stark</u>		How related to deceased <u>Niece</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Heart Disease</u>	How long <u>1 year</u>
Immediate <u>Exhaustion</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. H. Deaneau</u>
	Address <u>Goraustown Md</u>
Accident or Suicide? <u> </u>	

May 1st 1907

Felix B. Pyle - Undertaker.
102 E Mulberry St Baltimore

Alice Dares is
to be buried in Private Ground
in Mt Auburn Cemetery

May 3rd 1907

Felix B. Pyle
102 E Mulberry St
City

Name
in
Full

Elizabeth Derricks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Chestnut Ridge</i> ^{County} <i>Balto</i>		MARYLAND	
Date of death 190 ^{Month} <i>7 May</i> ^{Day} <i>15</i> ^{Years} <i>36</i>	Months <i>—</i>		Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Balto co Md</i>	
Married, Single or Widowed <i>Married</i>	Occupation <i>House wife</i>		
Name of Wife or Husband <i>Thomas H Derricks</i>			
Father's Name <i>—</i>		Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>	
Name of person giving information <i>Thomas H Derricks</i>		How related to deceased <i>Husband</i>	

CAUSES OF DEATH

94

PHYSICIAN
OR CORONER

Primary <i>Chronic & General Debility</i>	How long <i>8 day</i>
Immediate <i>Heart failure</i>	How long <i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Harbrace</i>
	Address <i>Glyndon Md</i>
Accident or Suicide? <i>X</i>	

Piney Grove

Name
in
Full

Columbus F. Dettmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Woodlawn		^{County} Balto		MARYLAND	
Date of death	1907	Month	May	Day	21
Age		80		Months	
Sex	Male	Color or Race	White	Birth-place	Germany
Occupation	Stone mason		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband			
Father's Name		Dont Know			
Mother's Maiden Name		"			
Name of person giving information		August Dettmer		How related to deceased	
				Son	

CAUSES OF DEATH

45

PHYSICIAN
OR CORONER

Primary	Carcinoma of bladder	How long	1 year
Immediate	Hemorrhage of bladder	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		R. C. Smith	
Address		Woodlawn Sta Md.	
Accident or Suicide?		No	

Jos B. Cook

Mt Oline

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>W Washington</i> ^{Town} <i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1904</i> ^{Month} <i>May</i> ^{Day} <i>16</i> ^{Years} <i>68</i>	Age <i>68</i>		^{Months} <i>1</i> ^{Days} <i>1</i>
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>Ireland</i>	
Occupation <i>housewife</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>William Downey</i>		
Father's Name <i>John Meekar</i>	Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Mary Guider</i>	Mother's Birthplace <i>Ireland</i>		
Name of person giving information <i>Wm Downey</i>	How related to deceased <i>husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Ophthalmic Goiter</i>	How long <i>Ten years</i>
Immediate <i>Cerebral hemorrhage & apoplexy</i>	How long <i>Two & half days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>William Fott M.D.</i>
	Address <i>W Washington Md</i>
Accident or Suicide?	

St Mary's Cemetery Govanstown
Martin' Fahey Son's.

Name
in
Full

John Keller Downs.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bentley Springs</i>		<i>Balt Co</i> County		M'ARYLAND	
Date of death 190 <i>7</i>	Month <i>5</i>	Day <i>4</i>	Age <i>65</i>	Months <i>11</i>	Days <i>27</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Bentley Springs Balt Co Md</i>		
Married, Single or Widowed? <i>Widower</i>			Occupation <i>Farmer</i>		
Name of Wife or Husband <i>Ann Downs (Gosnell)</i>					
Father's Name <i>Abram Downs</i>			Father's Birthplace <i>Maryland Md</i>		
Mother's Maiden Name <i>Loah Rutledge</i>			Mother's Birthplace <i>Maryland Md</i>		
Name of person giving information <i>Family (Daughters)</i>			How related to deceased		

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>6 days</i>
Immediate <i>Heart Failure</i>	How long <i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. R. Morris</i>
	Address <i>Parkton Md</i>
Accident or Suicide?	

Born May 7th 1841

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Wilford E. Lfawns		County Bullo		State MARYLAND	
Died at Althol - Md		Month May		Day 18	
Date of death May 17 1903		Age 45		Years —	
Sex Male		Color or Race White		Birth-place Md.	
Occupation Merchant		Where Residing if not at place of death Althol - Md			
Married, Single or Widowed Married		Name of Wife or Husband Martha Lfawns			
Father's Name Rev Wilford E Lfawns		Father's Birthplace Penn			
Mother's Maiden Name Mary Cornelius		Mother's Birthplace Md			
Name of person giving information John Lfawns		How related to deceased Son -			

CAUSES OF DEATH

114

PHYSICIAN
OR CORONER

Primary	Abscess of Liver	How long	38 days
Immediate	Abscess of Liver	How long	38 days
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		Edward H. Gordon	
Address		1403 W. Fayette St	
Accident or Suicide?			

Gickner & Sons
London Park Cemetery.

Name
in
Full

Ms. Maria Minna Dutton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Halethorpe* Town *Baltimore* County *MARYLAND*

Date of death *1907* Month *May* Day *26* Age *77* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Baltimore*

Occupation *None* Where Residing if not at place of death *Halethorpe*

Married, Single or Widowed *Widow* Name of Wife or Husband *Unknown*

Father's Name *Joseph M. Lane* Father's Birthplace *Unknown*

Mother's Maiden Name *Ann Maria Willis* Mother's Birthplace *Unknown*

Name of person giving information *Howard Dutton* How related to deceased *Nephew*

CAUSES OF DEATH

V-5-4

PHYSICIAN
OR CORONER

Primary *Advanced age* How long

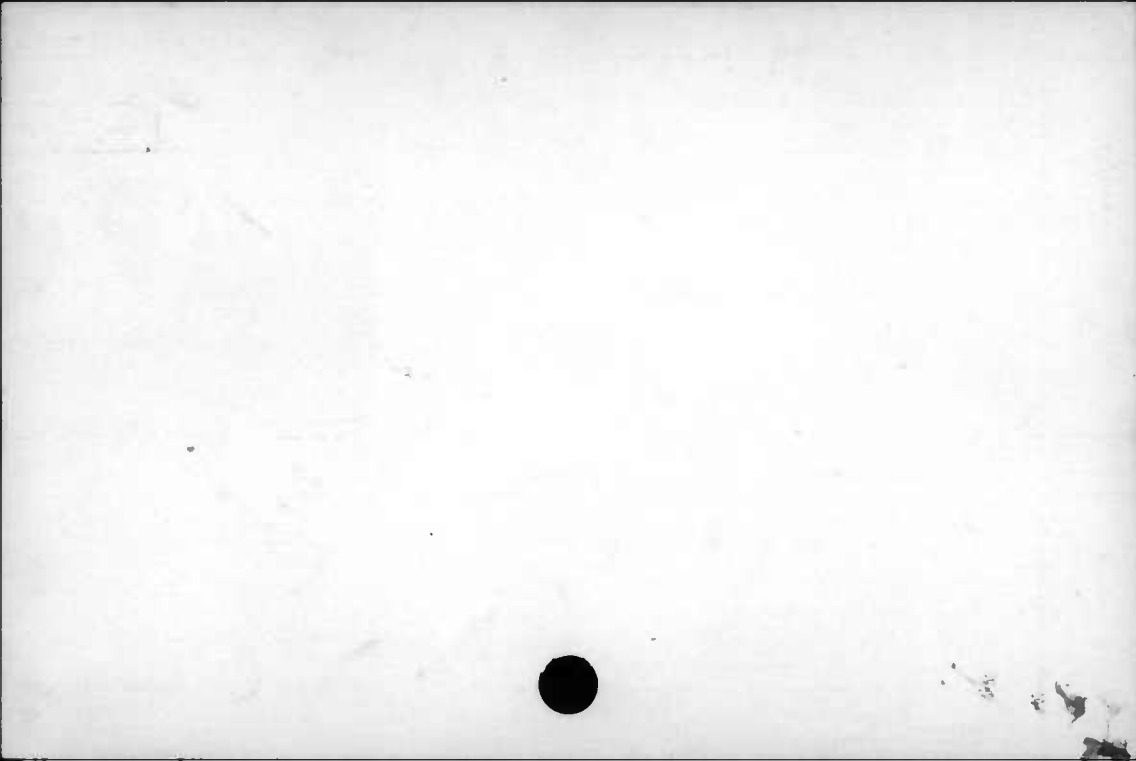
Immediate *Marition & genil. debility* How long *1 year*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. R. Eareckson*

Address *Eek Ridge*

Accident or Suicide?



Name

in
Full

CERTIFICATE OF DEATH

Magazit Sutton

Town

County

MARYLAND

Died at *Lowson**Balto*

Date

Month

Day

Years

Months

Days

of death 1907

*May**11*

Age

67

Sex

*Female*Color or
Race*(Col)*Birth-
place*Ms.*

Occupation

*Housewife*Where Residing if not
at place of death*Lowson*Married, Single
or Widowed*Widow*~~Married~~
*Unknown*Father's
Name*?**Unknown*Father's
Birthplace*?**Unknown*Mother's
Maiden Name*?**Unknown*Mother's
Birthplace*?**Unknown*Name of person giving
In formation*John Myers*How related
to deceased*Cousin*

CAUSES OF DEATH

120

Primary

Bright's disease

How long

8 months

Immediate

Cardiac Asthma

How long

*24 hours*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*J. Foster Owen M.D.
Lowson Ms.*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

undertaker

Robert A Elliott

Sandy Bottom Cemetery

Balto Co

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Carleton</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	1907	Month	May	Day	17
		Age	16	Years	5
		Months	23	Days	
Sex	<u>Male</u>		Color or Race	<u>White</u>	
Occupation	<u>Scholar</u>		Birth-place	<u>Baltimore</u>	
			Where Residing	<u>No 2 Fair Ave</u>	
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband	<u>—</u>	
Father's Name	<u>Ernest C. Exter</u>		Father's Birthplace	<u>German</u>	
Mother's Maiden Name	<u>Phemie Schaeffer</u>		Mother's Birthplace	<u>German</u>	
Name of person giving information	<u>Ernest C. Exter</u>		How related to deceased	<u>Father</u>	

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary	<u>Cerebral Palsy - Angina pectoris</u>	How long	<u>3 years</u>
Immediate	<u>Acute Myocarditis</u>	How long	<u>One Week</u>
Are the name, age, sex, color, date and place correctly given above? <u>- Yes</u>		Signature of Physician <u>Harry A. Cantwell M.D.</u>	
		Address <u>2000 W. Charles St., Baltimore</u>	
Accident or Suicide?			

Holy Redeemer Cemetery

May 19th 1907

Germanus France

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James H. Friendly*

Died at *Sparrow's Point* Town *Baltimore* County *MARYLAND*

Date of death *1907* Month *May* Day *29* Age *75* Years Months Days

Sex *male* Color or Race *negro* Birth-place *Va*

Occupation *laborer* Where Residing if not at place of death *Sparrow's Pt.*

Married, Single or Widowed *married* Name of Wife or Husband *Delia Friendly*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *Mrs. Delia Friendly* How related to deceased *wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Paralysis & old age* (66) How long *10 days*

Immediate *Exhaustion* How long *24 hours*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *H. K. Peltekian M.D.*

Address *Sparrow's Pt. Md.*

Accident or Suicide?



Name
in
Full

Rebecca A Fishpaw

CERTIFICATE OF DEATH

Died at ^{Town} Woodlawn^{County} Balto

MARYLAND

Date

of death 1907

Month

May

Day

15

Age

Years

70

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

Balto Co

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Henry Fishpaw

Father's
Birthplace

Balto Co

Mother's
Maiden Name

Margaret Seiberg

Mother's
Birthplace

Balto City

Name of person giving
In formation

John M Fishpaw

How related
to deceased

—

CAUSES OF DEATH

911

Primary

Chronic Bronchitis - Purulent expectoration

How long

3 mos

Immediate

Cardiac - Thrombosis especially radial

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

W. H. Kemp

Address

8 W 25th St

Baltimore Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Mt Olive Cemetery
Jos. B. Cook

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Edna May Foard* Town *Sparrows Point* County *Baltimore* MARYLAND

Died at *Sparrows Point* Date of death *1907* Month *May* Day *22* Age *7* Years *7* Months Days

Sex *Female* Color or Race *white* Birth-place *Md*

Occupation *School girl* Where Residing if not at place of death *Sp. Pt.*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Samuel G. Foard* Father's Birthplace *Md.*

Mother's Maiden Name *Lela May* Mother's Birthplace *Md.*

Name of person giving information *Samuel G. Foard* How related to deceased *father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Typhoid fever.* How long *3 weeks*

Immediate *Intestinal Haemorrhage* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *G. McCormick M.D.*

Address *Sparrows Point Md.*

Accident or Suicide? *no*



Name
in
Full

CERTIFICATE OF DEATH

J. Wm J Forrester

Died at *Eastern and Extended Bank River* *Baltimore Co* *Baltimore Co*

MARYLAND

Date of death *1907* *May* *6th* *Age* *69* *Months* *3* *Days* *14*

Sex *Male* Color or Race *White* Birth-place *Balto Co Md.*

Occupation *General Merchandise* Where Residing if not at place of death *at place of death*

Married, Single or Widowed *Married* Name of Wife or ~~Husband~~ *Margaret Forrester*

Father's Name *Joseph Forrester* Father's Birthplace *Balto Co Md*

Mother's Maiden Name *Elizabeth a Biddison* Mother's Birthplace *Balto Co Md*

Name of person giving information *Mrs Margaret Forrester* How related to deceased *Wife*

CAUSES OF DEATH

64

Primary *Cerebral hemorrhage* How long *Five days*

Immediate *Paralysis* How long *Five days*

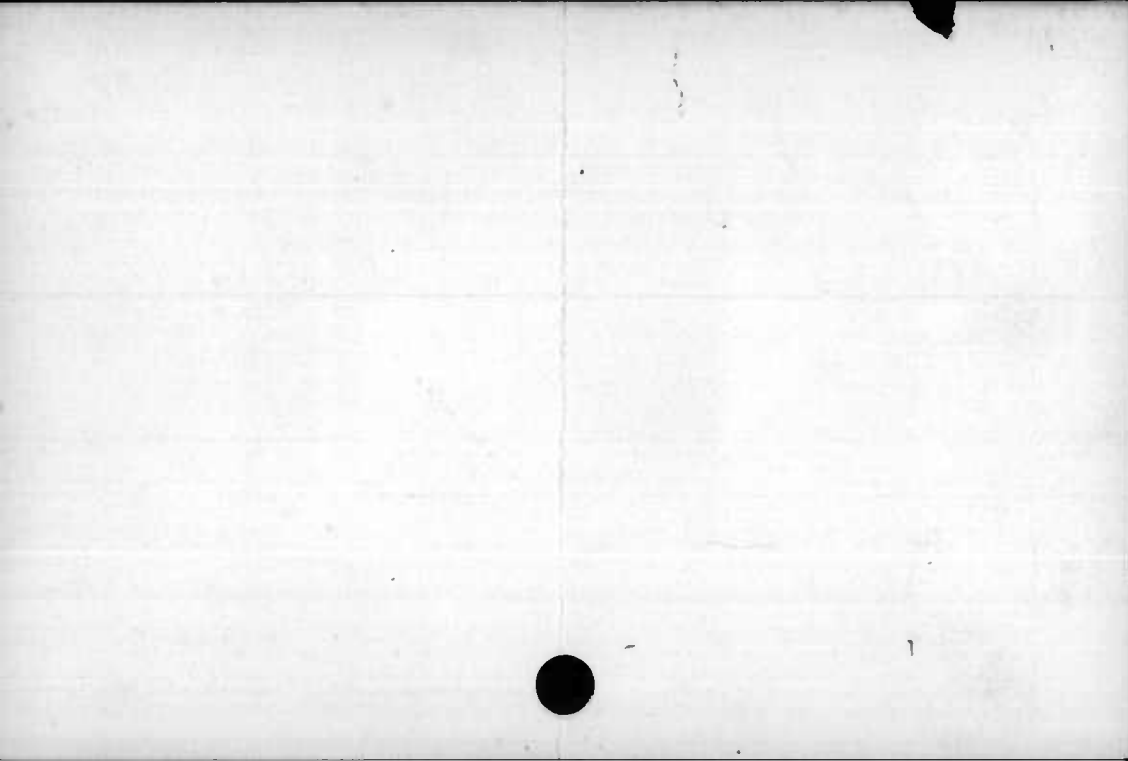
Are the name, age, sex, color, date and place correctly given above *Yes*

Signature of Physician *G. G. Russell M.D.*

Address *2000 E. Balto St*

Accident or Suicide? *—*

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Ella L. Frank

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Highlandtown <small>Town</small>		Balto. <small>County</small>		MARYLAND	
Date of death	1907	Month 5	Day 31	Age 47 <small>Years</small>	Months 10 Days 19
Sex Female	Color or Race White	Birth- place Balto.			
Occupation House work		Where Residing if not at place of death Eastern Ave. & 16th.			
Married, Single or Widowed Married	Name of Wife or Husband Conrad A. Frank				
Father's Name <i>Not known</i>	Father's Birthplace <i>Not known</i>				
Mother's Maiden Name <i>Not known</i>	Mother's Birthplace <i>Not known</i>				
Name of person giving In formation Conrad A. Frank		How related to deceased Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Acute Arthritis	47	How long 16 weeks
Immediate Endocarditis		How long 2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Frederick C. Currier</i>
		Address 2229 E. 18th Street
Accident or Suicide?		

Loudem Park Cemetery

John Herwig & Son

5 /31 /07

#2008 Orleans St.

Name
in
Full

Frank Fry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		May	18	Age 60			
Sex	Male	Color or Race	White	Birth-place	Penna.		
Occupation	R.R. Conductor			Where Residing if not at place of death	Hylandtown Md. D.C.		
Married, Single or Widowed	Widow		Name of Wife or Husband	Unknown			
Father's Name	Unknown			Father's Birthplace	Unknown		
Mother's Maiden Name	Unknown			Mother's Birthplace	"		
Name of person giving information	Jos Blair			How related to deceased	None		

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Run over by freight car

Accident

Jos Blair J.P.
Sparrows Point
Md.



Name
in
Full

Frank Fuchs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Fullerton		County Baltimore		MARYLAND		
Date of death		1907	Month May	Day 23	Age —	Years —	Months —	Days 1
Sex Male		Color or Race white		Birth- place Fullerton				
Occupation —				Where Residing if not at place of death —				
Married, Single or Widowed —				Name of Wife or Husband —				
Father's Name Frank Fuchs				Father's Birthplace Germany				
Mother's Maiden Name Mary A Chamberlain				Mother's Birthplace Baltimore				
Name of person giving information Frank Fuchs				How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Congenital debility		How long	151
Immediate	Exhaustion		How long	—
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Joseph B Webster M.D.	
			Address Raeferburg Md	
Accident or Suicide?				

Galley Redeemer

Name
in
Full

Emily Magruder Gibson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Charlotteville</i>		<i>Balto</i>		MARYLAND	
Date of death	1907	Month	May	Day	7
Age	35	Years		Months	1
Sex	Female	Color or Race	White	Birth-place	Charlotteville Va
Occupation	Housewife		Where Residing if not at place of death <i>Concord N. C</i>		
Married, Single or Widowed	Married		Name of Wife or Husband <i>Robert E Gibson</i>		
Father's Name	<i>Allan B Magruder</i>		Father's Birthplace <i>Va</i>		
Mother's Maiden Name	<i>Sarah Gilliam</i>		Mother's Birthplace <i>Va</i>		
Name of person giving information	<i>Mrs Elizabeth Gibson</i>		How related to deceased <i>Sister in Law</i>		

CAUSES OF DEATH

155

PHYSICIAN
OR CORONER

Primary	<i>Carbolic Acid Poisoning</i>	How long	<i>1 1/2 hours</i>
Immediate	" " "	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Henry B. Whiteley, Concord</i>	
yes.		Address <i>Charlotteville Md</i>	
Accident or Suicide?		<i>Suicide</i>	



Name
in
Full

Thos. J. Gilbertson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Balts</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>5</i>	Day <i>23</i>	Age <i>—</i>	Months <i>6</i> Days <i>16</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balts Co.</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>903 - 7th St.</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Thos. H. Gilbertson</i>		Father's Birthplace <i>N.Y.</i>			
Mother's Maiden Name <i>Julia Rice</i>		Mother's Birthplace <i>Norway</i>			
Name of person giving information <i>Thos. Julia Gilbertson</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

49

PHYSICIAN
OR CORONER

Primary <i>Heart failure</i>	How long <i>3 weeks</i>
Immediate <i>& exhaustion + dysentery</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Dr. L. J. Maxfield</i>
	Address <i>3rd St. South Highlandtown.</i>
Accident or Suicide? <i>No</i>	

Herrwig & Son
5/24/07

Name in Full		Sister Genevieve Golden				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Baltimore		County Baltimore		MARYLAND
	Date of death		1907	Month May	Day 13	Years 86	Months Days
	Sex		Female		Color or Race White		Birth-place Philadelphia
	Occupation		Sister of Charity		Where Residing if not at place of death		
	Married, Single or Widowed		Single		Name of Wife or Husband		
	Father's Name		Patrick Golden		Father's Birthplace Ireland		
	Mother's Maiden Name		Mary Russell		Mother's Birthplace "		
	Name of person giving information		Margaret Golden		How related to deceased Sister		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Pulmonary Tuberculosis.		How long 27		
	Immediate				How long 3 years.		
	Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician Dr. Shaw		
					Address 11 Agnes!		
	Accident or Suicide?		No.				



Name
in
Full

Edward Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Mt Hope ^{County} Belts Co

MARYLAND

Date of death 1907 ^{Month} May ^{Day} 5 ^{Age} 70 ^{Years} ^{Months} ^{Days}Sex male ^{Color or Race} white ^{Birth place} IrelandOccupation Religious Lay Brother S. J. ^{Where Residing if not at place of death} Loyola College - Balto MdMarried, Single or Widowed Single ^{Name of Wife or Husband}

Father's Name unknown

Father's Birthplace unknown

Mother's Maiden Name "

Mother's Birthplace "

Name of person giving information Recd Mt Hope

How related to deceased not at all

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary Mania Senile

How long abt 1 year

Immediate Ex. Hypostatic Congestion

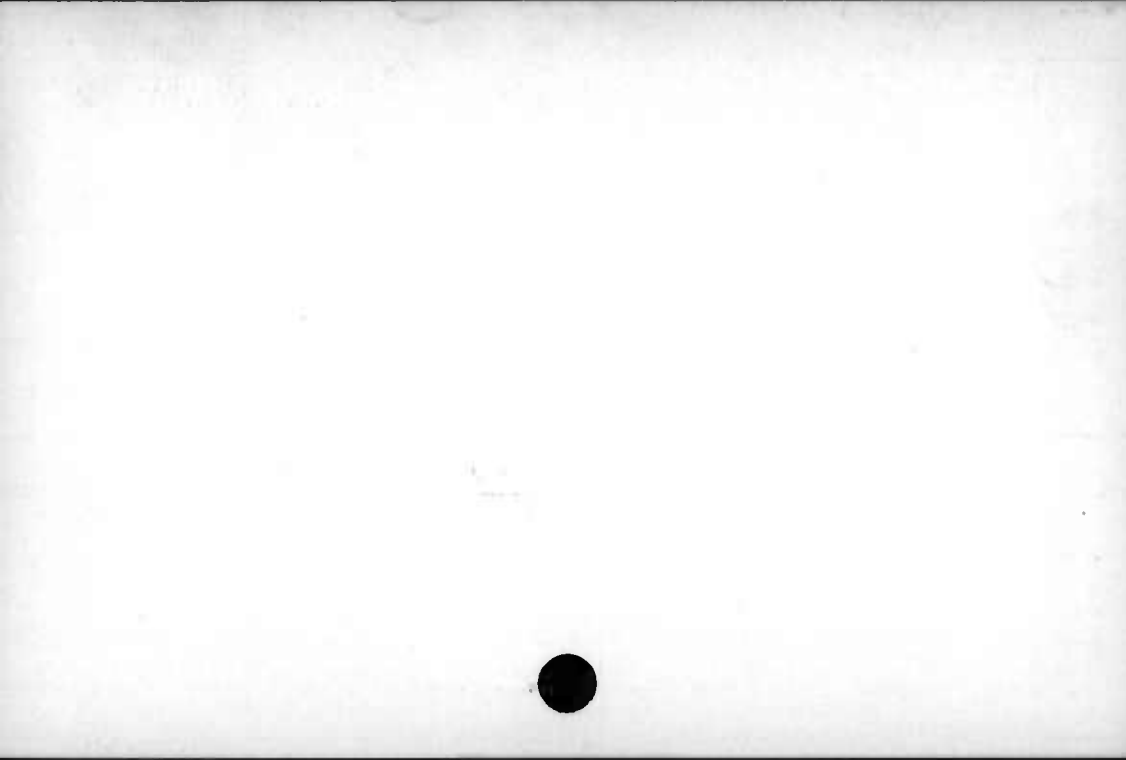
How long abt week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Frank J. Flannery M.D.

Address Mt Hope Retreat Beltsmon Co Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

James Grogan

Town

County

Died at

Baltimore

Balto.

MARYLAND

Date

of death 1907

Month

May

Day

29

Age

Years

15

Months

Days

Sex

male

Color or
Race

White

Birth-
place

Baltimore

Occupation

School boy.

Where Residing if not
at place of death

St. Marys Indus. School

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Not obtainable

Father's
Birthplace

Not obtainable

Mother's
Maiden Name

Not obtainable

Mother's
Birthplace

Not obtainable

Name of person giving
Information

Bro. Paul. m. s.

How related
to deceased

CAUSES OF DEATH

Primary

acute Indigestion / Cholera

How long

104

Total

Immediate

Gastric Enteritis

How long

48 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

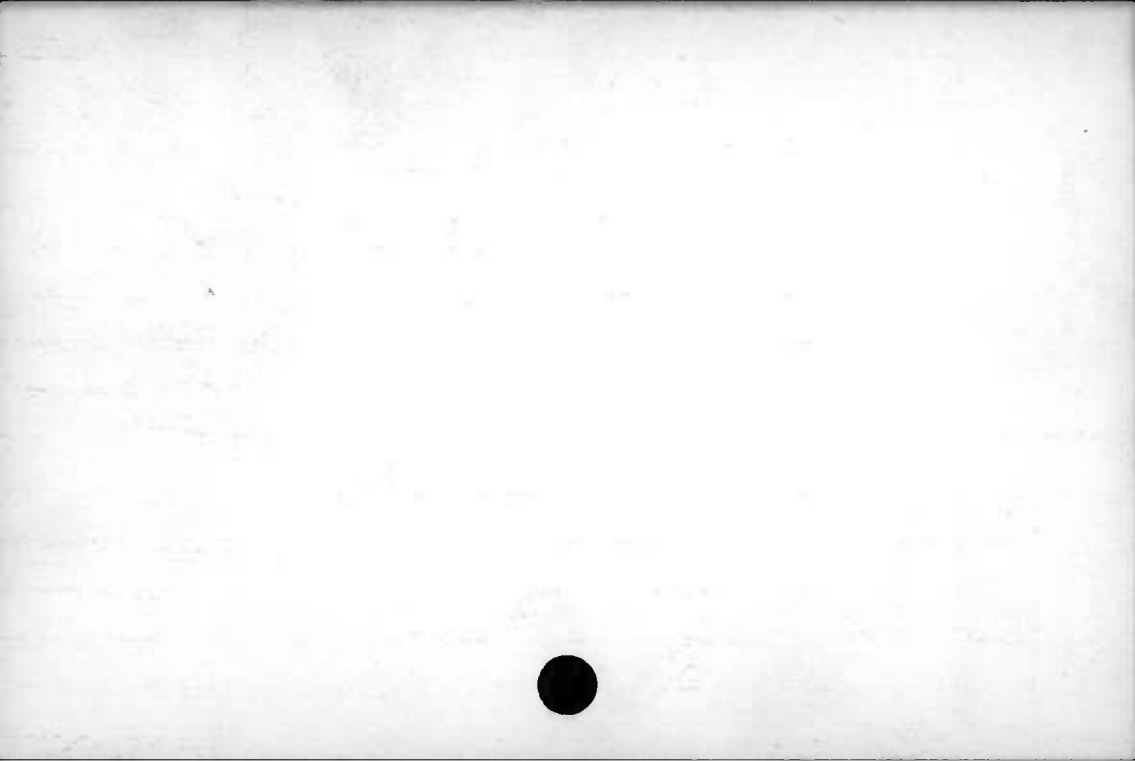
Signature of
PhysicianA. H. Patton. attending
Physician of

Address

1136 W. Lexington St. - School

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Michael Hagerly.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at St Agnes Hospital ^{Town} Baltimore ^{County}

MARYLAND

Date of death 1907 ^{Month} May ^{Day} 24 ^{Years} 48 ^{Months} — ^{Days} —

Sex Male Color or Race White Birth-place Ireland

Occupation Salvor / Keeper Where Residing if not at place of death 422 Preston St.

Married, Single or Widowed Married Name of Wife or Husband Mary (Keltig) Hagerly

Father's Name Patrick Hagerly Father's Birthplace Ireland

Mother's Maiden Name Parah O'Neil Mother's Birthplace Ireland

Name of person giving information John Hagerly How related to deceased Brother

CAUSES OF DEATH

82

PHYSICIAN
OR CORONER

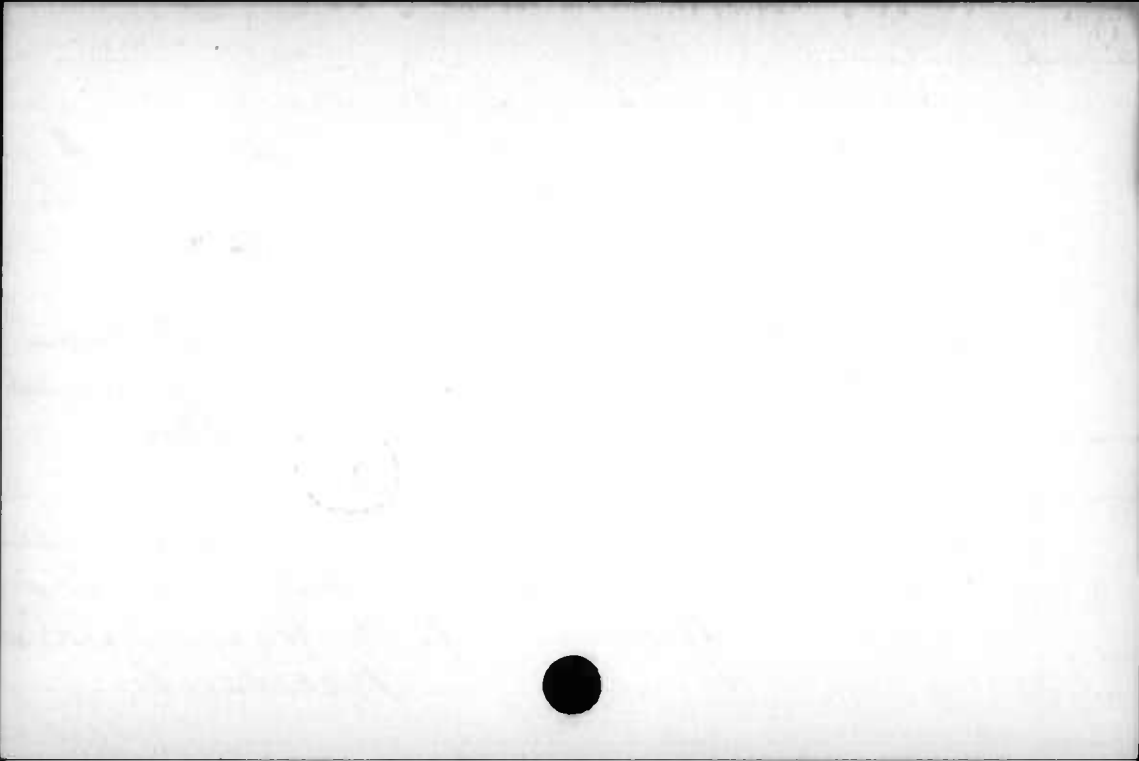
Primary Thrombosis Mesenteric Artery How long 12 days

Immediate Shock. How long —

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. W. Shaw.

Address Sr. Agnes' Hospital

Accident or Suicide? No



Name
in
Full

Elizabeth Hale

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

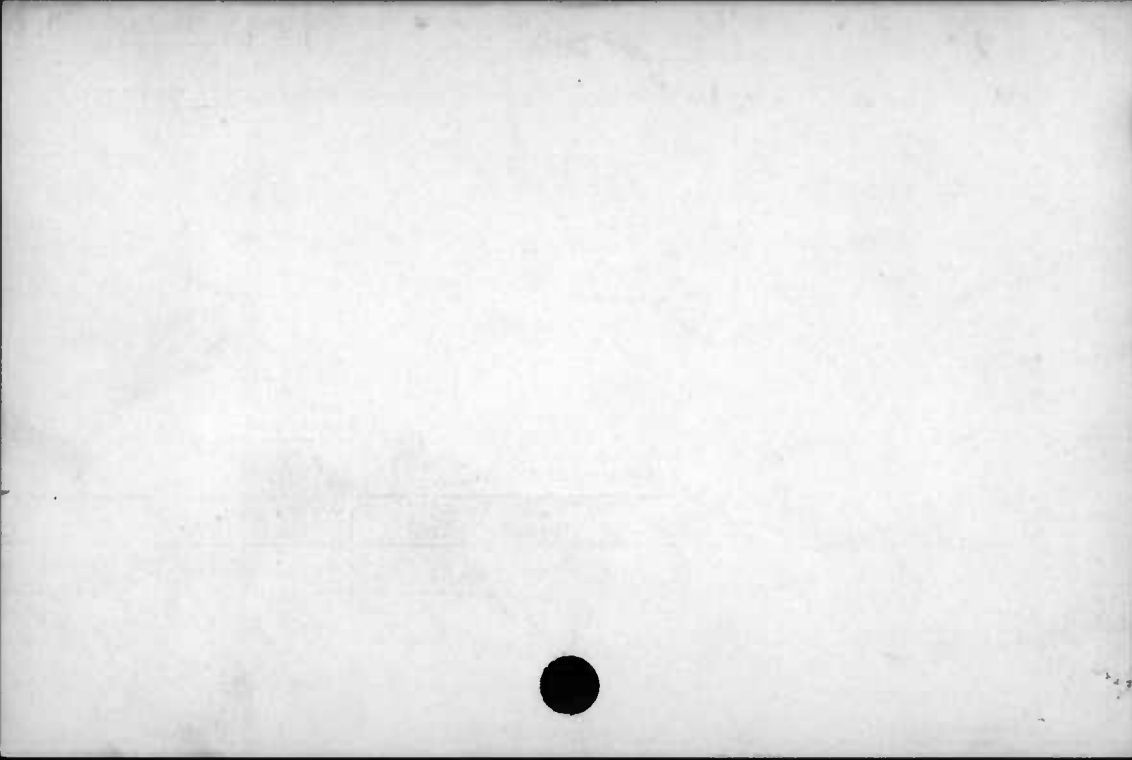
Died at		Town		County		MARYLAND	
Beckleysville		Baltimore					
Date of death	1907	Month	May	Day	22nd	Age	69
						Months	11m
						Days	28
Sex	Female		Color or Race	White		Birth-place	Alexia, Md.
Occupation	House-wife			Where Residing if not at place of death			
Near Beckleysville							
Married, Single or Widowed	Widow		Name of Wife or Husband	John Hale			
Father's Name	Peter Henry			Father's Birthplace	Don't know		
Mother's Maiden Name	Don't know			Mother's Birthplace	Near Alexia, Md.		
Name of person giving information	Joshua Hale			How related to deceased	Son		

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	Partial Paralysis, incipient softening of brain		How long	With in a year
Immediate	General paralysis		How long	With in a day
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	J. B. Norris M.D.
			Address	Freeland Md.
Accident or Suicide?				



Name
in
Full

Louisa Hanf

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>West Arlington</u> ^{Town} <u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	Month <u>May</u>	Day <u>24</u>	Age <u>82</u> Years
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Germany</u>	Months <u>—</u> Days <u>—</u>
Occupation <u>none</u>	Where Residing if not at place of death		
Married, Single <u>Widowed</u>	Name of Wife Husband <u>Jacob Hanf</u>		
Father's Name <u>not known</u>	Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>" "</u>	Mother's Birthplace <u>" "</u>		
Name of person giving information <u>Leonard Stamp</u>	How related to deceased <u>Son</u>		

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <u>Infirmities of old age.</u>	How long <u>2 months</u>
Immediate <u>Paralysis & Congestion of Lungs</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. C. Miller M.D.</u>
	Address <u>2239 Penna. Ave.</u>
Accident or Suicide?	

Undertakers
Henry H. Jenkins + Sons Co

Place of Burial

Druid Ridge Cem
Sunday May 26th 1907

2289 Pecunia Ave

Name
in
Full

CERTIFICATE OF DEATH

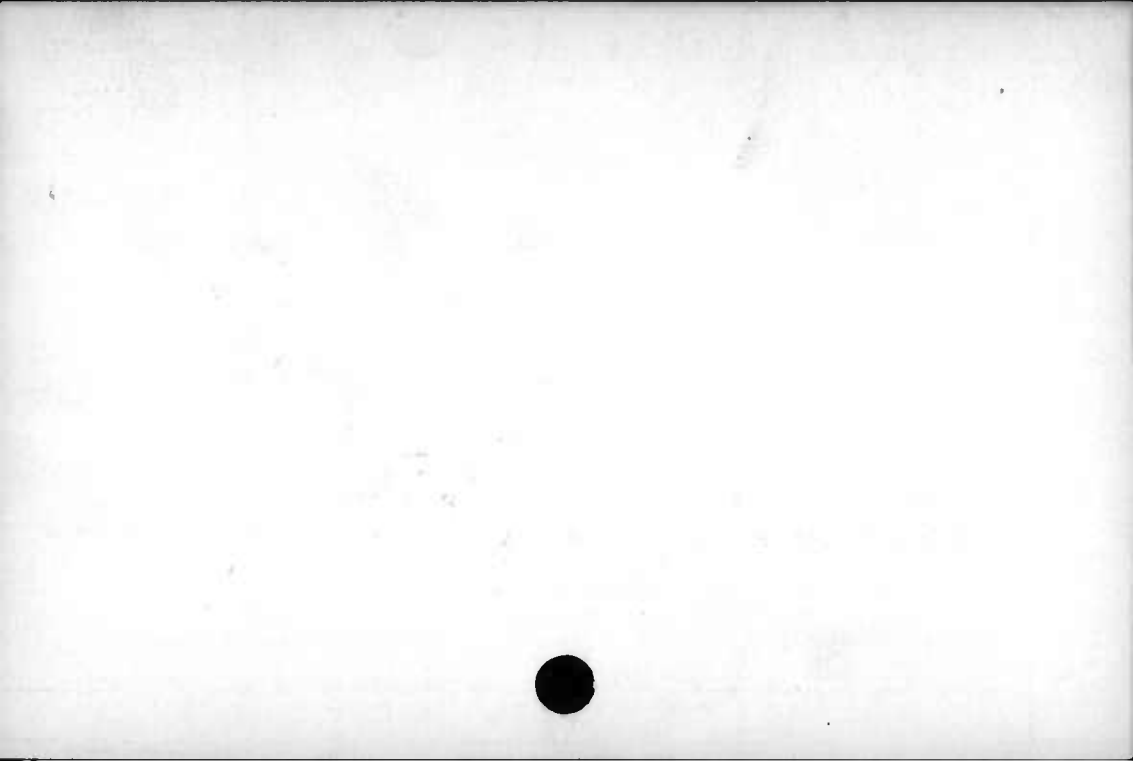
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Batonsville</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>May</i>	Day	<i>20</i>
Age	<i>61</i>	Years	<i>1</i>	Months	<i>28</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Balto</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>Batonsville</i>		
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband <i>James W. Harvey</i>			
Father's Name	<i>Thomas Ellis</i>			Father's Birthplace	<i>Balto</i>
Mother's Maiden Name	<i>Mary Boyd</i>			Mother's Birthplace	<i>" "</i>
Name of person giving information	<i>James W. Harvey</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Intestinal Hepatitis</i>	<i>120</i>	How long	<i>One year</i>
Immediate	<i>Uremia</i>		How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>J. Chas. Macgill</i>	
			Address <i>Batonsville</i>	
Accident or Suicide?			<i>No</i>	



Name
in
Full

Henry John Hickner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Dickeyville</u> Town		County <u>Balto</u>		MARYLAND	
Date of death	1907	Month <u>May</u>	Day <u>10</u>	Age <u>23</u> Years	Months <u>8</u> Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Dickeyville</u>		
Occupation <u>Lafor</u>	Where Residing if not at place of death <u>Dickeyville</u>				
Married, Single or Widowed <u>single</u>	Name of Wife or Husband				
Father's Name <u>Fredrick A. Hickner</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Elizafeth Luvv-</u>	Mother's Birthplace <u>Balto City</u>				
Name of person giving information <u>Fred Hickner Jr.</u>	How related to deceased <u>Brother</u>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>One year</u>
Immediate <u>Cardiac Anemia</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>A. C. Smith</u>
	Address <u>Woodlawn Sta</u>
Accident or Suicide?	

Jos. B. Cook
Western Am.

Name
in
Full

Ellen Flannery

CERTIFICATE OF DEATH

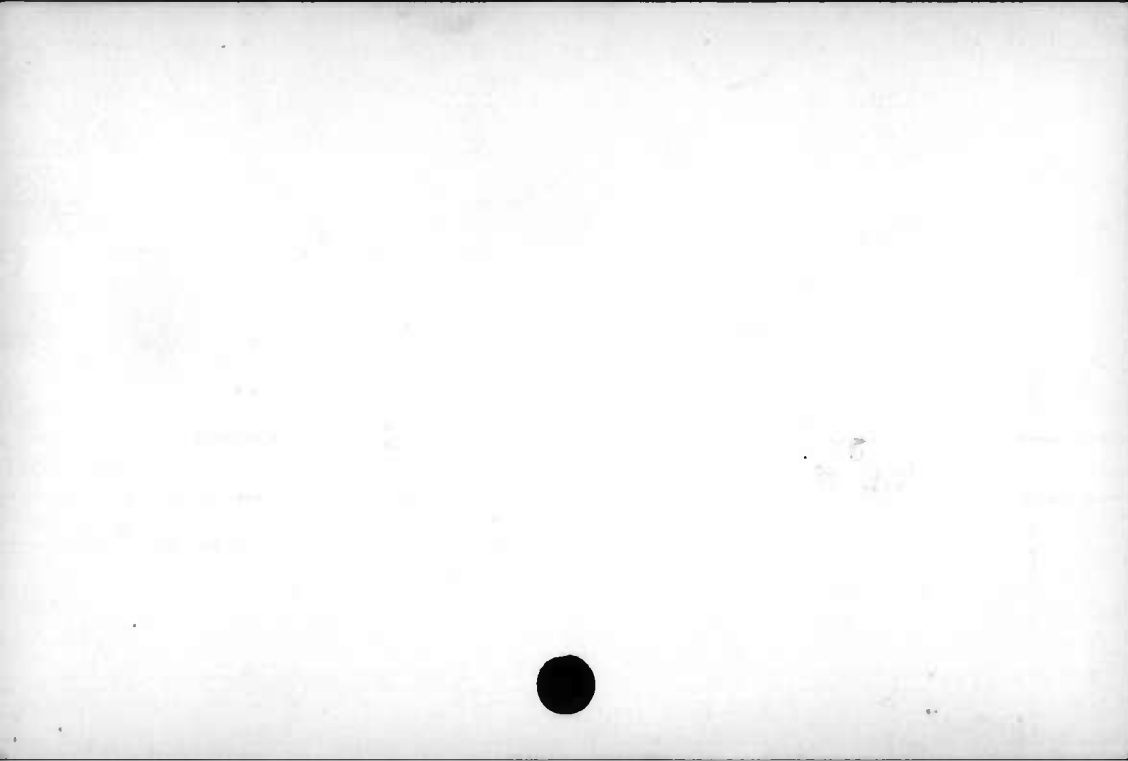
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i> ^{Town}		<i>Beallton</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>May</i> ^{Month}	<i>22</i> ^{Day}	<i>64</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation <i>Religious - Sister of Charity</i>	Where Residing if not at place of death <i>Beallton</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>unknown</i>	Father's Birthplace <i>unknown</i>		Mother's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>—</i>		Name of person giving information <i>Reeds Mt Hope Retreat</i>		
How related to deceased <i>Not at all</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia -</i>	<i>(93)</i>	How long <i>only 3 or 4 days</i>
Immediate <i>Ex</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery M.D.</i>	
	Address <i>Sub Registrar Mt Hope Retreat</i>	
Accident or Suicide? <i>—</i>		



Name
in
Full

Adam Heimmueller Jr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

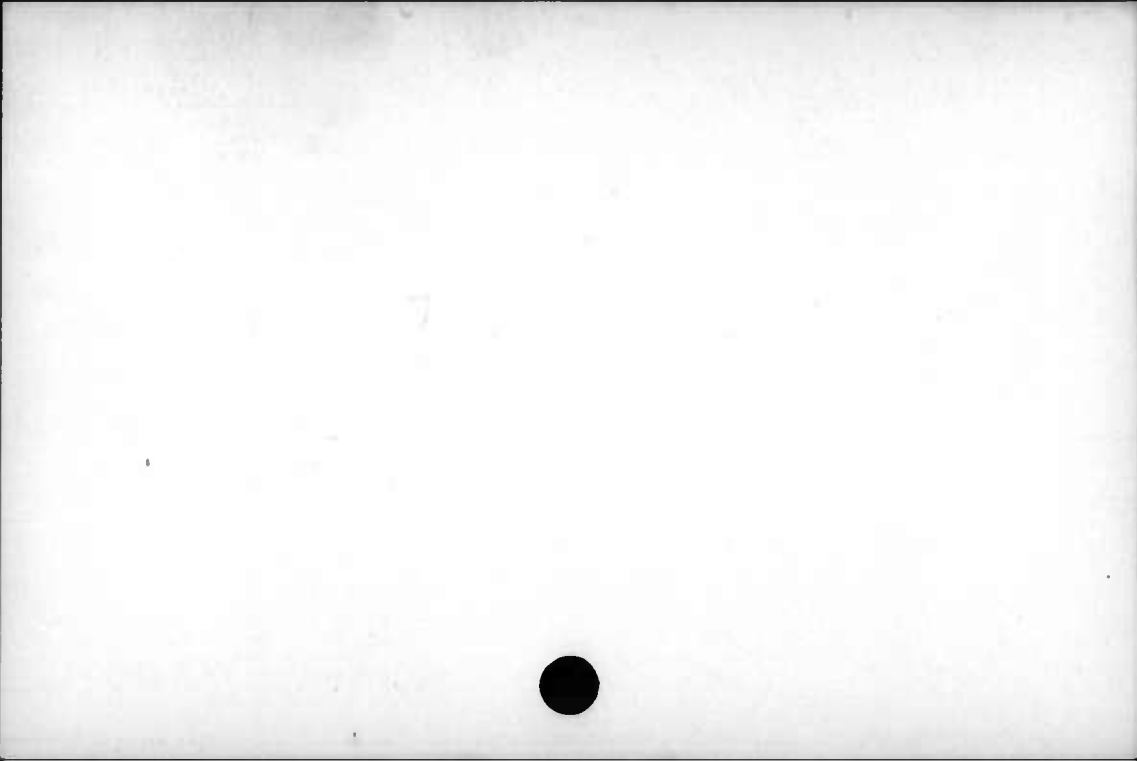
Died at <u>Baltimore</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	<u>1907</u> ^{Month}	<u>May</u> ^{Day}	<u>9</u> ^{Age}	<u>—</u> ^{Years}	<u>—</u> ^{Months}
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Baltimore</u>
Occupation	<u>none</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>Adam Heimmueller</u>			Father's Birthplace	<u>Baltimore</u>
Mother's Maiden Name	<u>Emma H Huse</u>			Mother's Birthplace	<u>Franklinton</u>
Name of person giving information	<u>Adam Heimmueller</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

157

PHYSICIAN
OR CORONER

Primary	<u>Premature Birth,</u>	How long	<u>5-1/2 hours</u>
Immediate	<u>Failure of Forebrain vessels to close</u>	How long	<u>5-1/2 hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>D C L Maffitt</u>
		Address	<u>Baltimore Md</u>
Accident or Suicide?	<u>—</u>		



Name
in
Full

William E. Holt.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

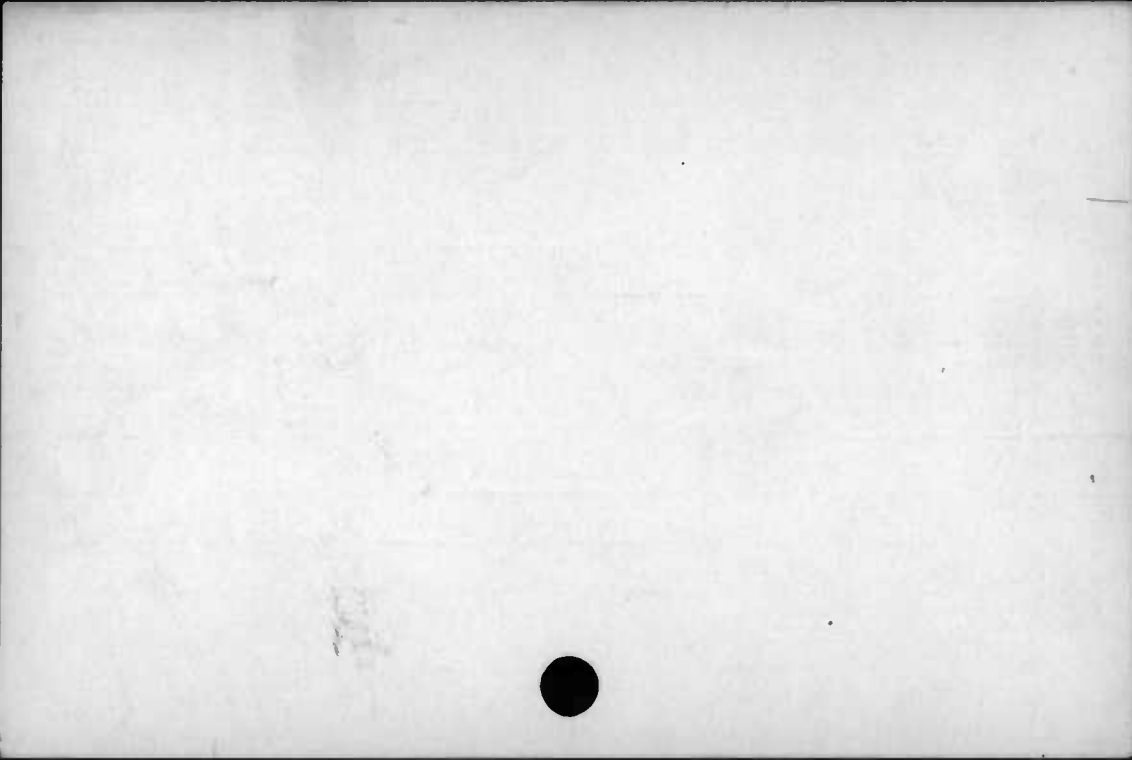
Died at ^{Town} <i>Elliott City</i>		^{County} <i>Balto.</i>		MARYLAND	
Date of death	1907	Month	May	Day	1
Age		Years	47	Months	0
Sex		Male	Color or Race	White	Birth-place
Occupation		Miller		Where Residing if not at place of death	
Married, Single or Widowed	Married	Name of Wife or Husband <i>Agnes E. Holt</i>			
Father's Name	<i>James. H Holt</i>			Father's Birthplace	<i>West. Virginia</i>
Mother's Maiden Name	<i>Alline Holt</i>			Mother's Birthplace	" "
Name of person giving information	<i>Agnes E. Holt</i>			How related to deceased	<i>Wife</i>

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	<i>Internal injuries.</i>	How long	<i>Immediate</i>
Immediate	<i>Shock - Hemorrhage</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>John. M. Bare</i>	
Address		<i>Elliott City</i>	
Accident or Suicide?		<i>yes</i>	



Name
in
Full

William D Hough

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

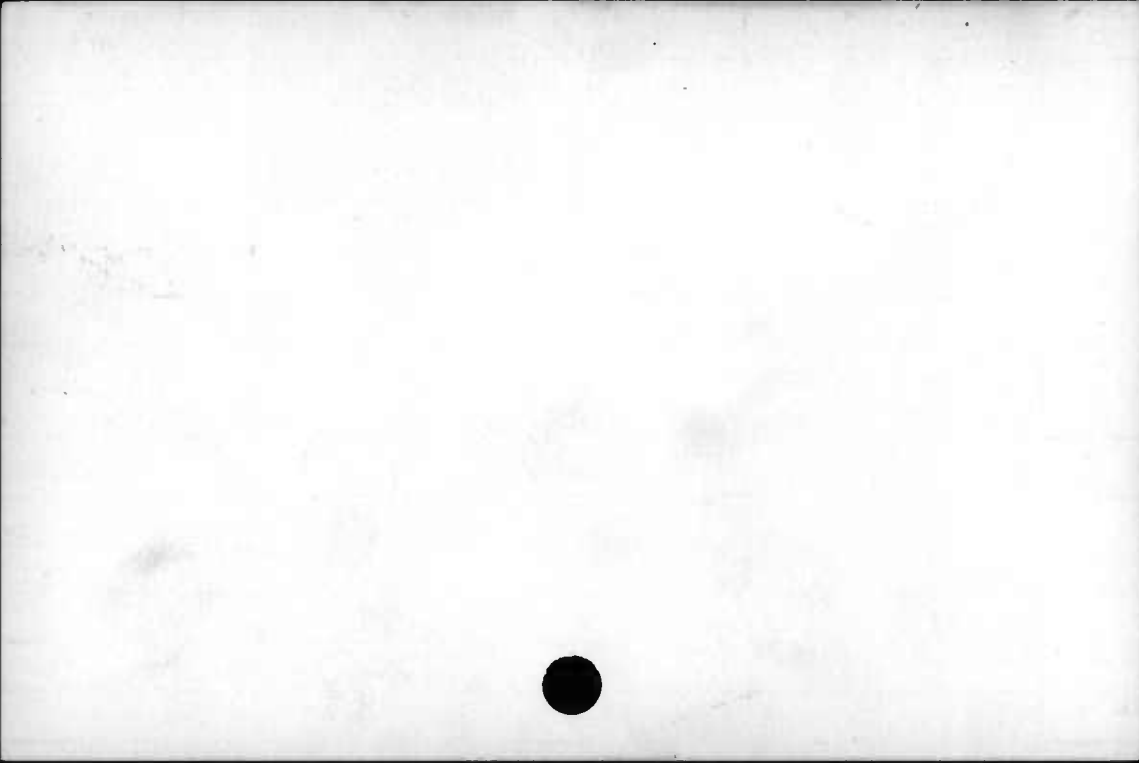
Died at <i>Mt Hope Retriac</i> ^{Town} <i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>11th</i>	Age <i>73</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind.</i>	Months <i>—</i> Days <i>—</i>
Occupation <i>Retired Lawyer</i>	Where Residing if not at place of death <i>Baltimore Ind.</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Unknown</i>		
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>"</i>	Mother's Birthplace <i>"</i>		
Name of person giving information <i>Reeds Mt Hope Retriac</i>	How related to deceased <i>not at all -</i>		

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary <i>Mania Chronic</i>	How long <i>18 years</i>
Immediate <i>Ex</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J Flannery M.D.</i>
	Address <i>Mt Hope Retriac Baltimore Co Md -</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Mary Hutson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Govans		County Baltimore		MARYLAND	
Date of death	1907	Month May	Day 31	Age	61	Years	Months 10
Sex	Female		Color or Race	White		Birth- place	Germany
Occupation	Housewife			Where Residing if not at place of death Govans			
Married, Single or Widowed	Widow		Name of Wife or Husband	Wm. H. Hutson, deceased			
Father's Name	Powell Scheff					Father's Birthplace	Germany
Mother's Maiden Name	Margaret Simon					Mother's Birthplace	Germany
Name of person giving Information	William S. Hutson					How related to deceased	Son

CAUSES OF DEATH

How long

2 mos

How long

PHYSICIAN
OR CORONER

Primary	Acute Nephritis	
Immediate		
Are the name, age, sex, color, date and place correctly given above?	Yes	
Signature of Physician	J. H. Gushane M.D.	
Address	1303 Light St	
Accident or Suicide?		

Mt. Carmel Cemetery.

June 4, 1907.

Girkler & Girkler,

1739 E. Eager st.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Graustown</i> ^{Town}		<i>Wallo</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>May</i> ^{Month}	<i>2</i> ^{Day}	<i>45</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>Hod Carrier</i>		Where Residing if not at place of death <i>Graustown</i>			
Married, Single or Widow	Name of Wife or Husband <i>Alice Brown</i>		Father's Birthplace <i>Maryland</i>		
Father's Name <i>Samuel James</i>		Mother's Birthplace <i>do</i>			
Mother's Maiden Name <i>Aunnie Britton</i>		How related to deceased <i>wife</i>			
Name of person giving information <i>Alice James</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	(27)	How long <i>4 months</i>
Immediate <i>Heart weakness</i>		How long <i>a few days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address <i>E. H. Duncan</i> <i>Graustown</i>

R A Elliott undertaker

Gion Corral
Greenstown

May 5. 1907

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *William Jarrett*

Town *Northport* County *Baltimore*

Died at *Northport*

State *MARYLAND*

Date of death *1907* Month *May* Day *4th* Age *29* Years Months Days

Sex *Male* Color or Race *White* Birth-place *unknown*

Occupation *none* Where Residing if not at place of death *Penitentiary Training School*

Married, Single or Widowed *Single* Name of Wife or Husband *[crossed out]*

Father's Name *unknown* Father's Birthplace *unknown*

Mother's Maiden Name *II* Mother's Birthplace *II*

Name of person giving information *Reed. Northport Retiree* How related to deceased *not at all*

CAUSES OF DEATH

69

PHYSICIAN
OR CORONER

Primary *Mania Epileptic (Imbecile)* How long *Since Childhood*

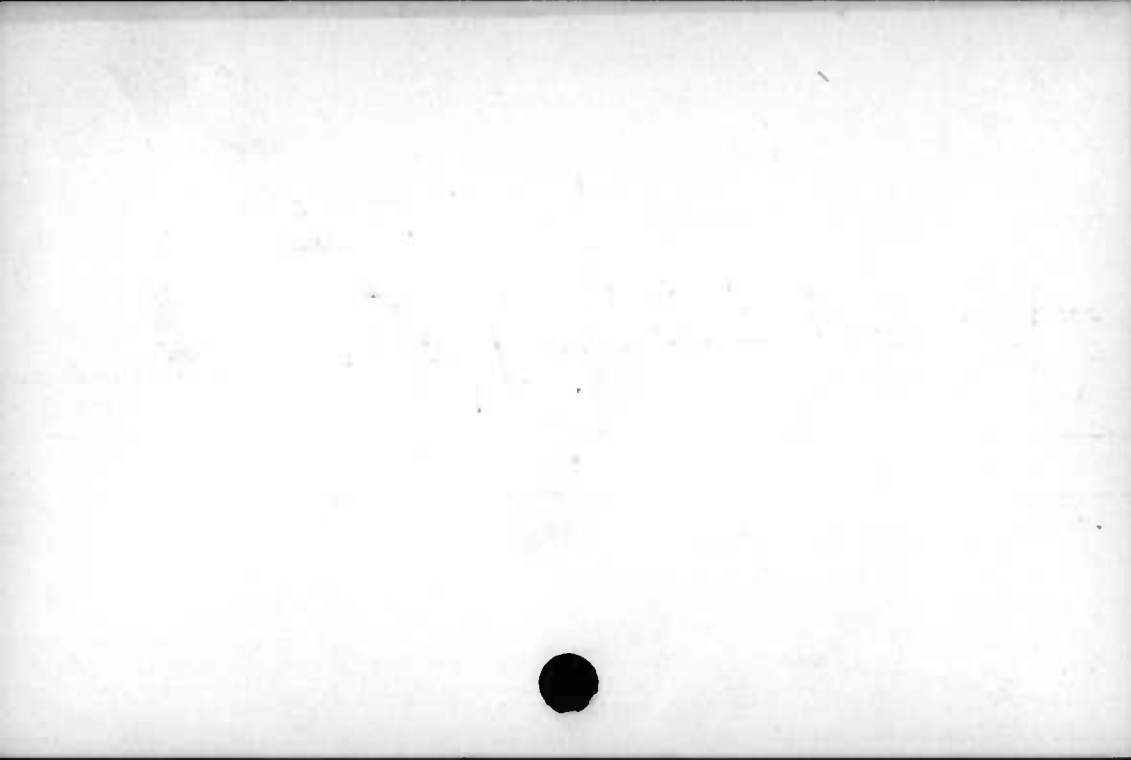
Immediate *Ex - Status Epilepticus* How long *2 or 3 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Frank J. Flannery, M.D.*

Address *Northport Retiree, Baltimore, Md.*

Accident or Suicide? *[initials]*



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name
in
Full

Mary Ann Jones
Town Parkton County Blaine

CERTIFICATE OF DEATH

MARYLAND

Died at
Date of death 1907 5 19 Age 38 Months 4 Days 11
Sex Female Color or Race Black Birthplace Md
Occupation Housewife Where Residing if not at place of death
Married, Single or Widowed Widow Name of Wife or Husband Frank Jones
Father's Name Aaron Jones Father's Birthplace Md
Mother's Maiden Name Olivia Brown Mother's Birthplace Md
Name of person giving information Olivia Jones How related to deceased Mother

CAUSES OF DEATH

27

Primary Tuberculosis Pulmonary 1 year
Immediate
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician B. B. Morris
Address Parkton Md
Accident or Suicide?



Name

in
Full

Michael Kajan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Highlandtown		^{County} Balto.		MARYLAND	
Date of death	1907	Month	5	Day	14th
Sex		Male		Color or Race	White
Occupation		none		Birth-place	Balto. Co.
Where Residing if not at place of death		1020 Fifth St.			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Anton Kajan		Father's Birthplace	Germany
Mother's Maiden Name		Margaret Wachtler		Mother's Birthplace	Germany
Name of person giving Information		Anton Kajan		How related to deceased	Father

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Premature Birth	How long	—
Immediate		How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Mrs M. Schoening
Yes,		Address	504 Third St Baltimore
Accident or Suicide?			

J. Herwig & Son

Sacret Heart Cemetery

5 /15 /07

Name
in
Full

William Thomas Kane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at St Denis ^{Town} Baltimore ^{County} MARYLAND

Date of death 1907 ^{Month} May ^{Day} 24 ^{Years} 26 ^{Months} 8 ^{Days} 6

Sex male Color or Race white Birth-place Baltimore

Occupation machinist Where Residing if not at place of death Baltimore

Married, Single or Widowed married Name of Wife or Husband Adda Kane

Father's Name William John Father's Birthplace Baltimore

Mother's Maiden Name Anna Higginson Mother's Birthplace Baltimore

Name of person giving information Dos Barnes & Sunday How related to deceased none

CAUSES OF DEATH

166
How longPHYSICIAN
OR CORONERPrimary struck by Base Ball (over heart)Immediate shock

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Coroner Robert C. Clark

St Denis

md

Accident or Accident

Crowley Bros
Undertakers
25 N. Fulton Ave
For Interment at
London Park
Baltimore City Md.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catonsville</i> Town		County		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>29</i>	Age <i>66</i>	Months <i>5</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto.</i>		
Occupation <i>House</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of wife or Husband <i>Solomon Kamm</i>				
Father's Name <i>Don't know</i>	Father's Birthplace <i>Bermy</i>				
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>Bermy</i>				
Name of person giving information <i>L. Kamm</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

45

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of the bladder</i>	How long <i>Three months.</i>
Immediate <i>Uremia</i>	How long <i>28 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Chas. McGill</i>
	Address <i>Catonsville</i>
Accident or Suicide?	<i>No</i>

David Sondheim

Balt Hebrew Cong

Name

in
Full

Beta M. M. Haessmann

CERTIFICATE OF DEATH

Died at "Highwood" Lock Raven

Town

Baltimore

County

MARYLAND

Date

of death 1907

Month

May

Day

4

Age

Years

80

Months

9

Days

4

Sex

Female

Color or
Race

white

Birth-
place

Bremen Ger.

Occupation

Housewife

Where Residing if not
at place of death

1820 Edmondson Ave.

Married, Single
or Widowed

widowed

Name of Wife or
HusbandFather's
Name

John C. Lampe

Father's
Birthplace

Germany, Bremen

Mother's
Maiden Name

Meta Meyerholz

Mother's
Birthplace

Bremen, Germany

Name of person giving
In formation

Louise Haessmann

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Old age

How long

—

Immediate

Dilatation of heart

How long

3 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Dr H O Branham

2200 Eutaw Pl

Baltimore

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Louis Heermann

6. S. Caroline St

London Park

Permit me to

own in law...

Oscar Bitter

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Child of Louis & Nellie Keeney

Died at

Highlandtown

Town

County

Baltimore

MARYLAND

Date

of death 190

Month

7

Day

23

Age

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Baltimore

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Louis Keeney

Father's
Birthplace

Baltimore

Mother's
Maiden Name

Nellie Sollers

Mother's
Birthplace

Baltimore

Name of person giving
Information

Louis Keeney

How related
to deceased

Father

CAUSES OF DEATH

151

Primary

Aborted 6 mos.

How long

6 hours

Immediate

Exhaustion + Mental Insufficiency

How long

1 hour

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Geo. L. O'Quinn, M.D.
3 and 1/2 York
Highlandtown

Accident or Suicide?

No

PHYSICIAN
OR CORONER

Louden Park cemetery

Hermiz son

5/24/07

Name
in
Full

Barbara

Kendig

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Glyndon* TownCounty *Balto*

MARYLAND

Date of death | 907 | *May* MonthDay *15* Age *73* YearsMonths *8* DaysSex *Female*Color or Race *white*Birth-place *Franklin co Penna*

Occupation

Where Residing if not at place of death

Married, Single or Widowed *married*Name of Wife or Husband *Martie B Kendig*Father's Name *Paul Brown*Father's Birthplace *Penna*Mother's Maiden Name *Susie Dayhoff*

Mother's Birthplace

Name of person giving information *Florence Franky*How related to deceased *Daughter*

CAUSES OF DEATH

66

PHYSICIAN
OR CORONERPrimary *Paralysis & General Prolonged*How long *nine years*Immediate *General weakness*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Thomas Price*Address *Glyndon*

Accident or Suicide?

Geists Church

Name
in
Full

Henry I Lobe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Sheppard Church Pruth Town</i>		^{County} <i>Baltimore Co</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>May</i>	Day <i>21</i>	Age <i>51</i>	Months <i>2</i> Days <i>12</i>
Sex <i>M</i>	Color or Race <i>White</i>		Birth-place <i>Balto</i>		
Occupation <i>Retired Auction Com Merch</i>			Where Residing if not at place of death <i>Baltimore</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mrs Henry I Lobe</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>"</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Est Brunk</i>			How related to deceased <i>Physian</i>		

CAUSES OF DEATH

Primary <i>Melancholia</i>	How long <i>3 Mos -</i>
Immediate <i>Acute Hemorrhagic Colitis</i>	How long <i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Est Brunk</i>
	Address <i>Sheppard Church Pruth Town Md</i>
Accident or Suicide? <i>No</i>	

David Sondheim
Balto Hebrew Cemetery

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Name *Nannie Lock*

Died at *Highland* Town *Bullo* County

Date of death *1907* Month *May* Day *1* Age *47* Years Months Days

Sex *Female* Color or Race *colored* Birth-place *N.C.*

Occupation *Housework* Where Residing if not at place of death *504 4th*

Married, Single or Widowed *widow* Name of Wife or Husband *Samuel Lock*

Father's Name *James Hemmingsway* Father's Birthplace *N.C.*

Mother's Maiden Name *unknown* Mother's Birthplace *N.C.*

Name of person giving information *Henderson G Jones* How related to deceased *none*

CAUSES OF DEATH

27

Primary *Phthisis Pulmonalis* How long *5 mo.*

Immediate *Hemorrhage* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. S. Warner*

Address *1120 Highland Ave*

Accident or Suicide? *no*

Alfred Hensley
578 W Biddle

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Washington</i>		County <i>Calhoun</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>5</i>	Day <i>27</i>	Age <i>72</i>	Years	Months	Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Ireland</i>			
Occupation <i>Boat Gathers</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Christina Behn</i>					
Father's Name <i>I do not know</i>				Father's Birthplace <i>I do not know</i>			
Mother's Maiden Name <i>I do not know</i>				Mother's Birthplace <i>I do not know</i>			
Name of person giving information <i>Wm McAvoy</i>				How related to deceased <i>wife</i>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Organic Heart Disease</i>		How long <i>?</i>
Immediate <i>Exhaustion</i>		How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>William J. Todd</i>
		Address <i>Washington</i>
Accident or Suicide?		

London Park -

Jacob H. Knapp

Name
in
Full

Catherine Elizabeth Macke.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lovson</i> ^{Town}		<i>Balto. County</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>7</i>	Age <i>3</i> Years	<i>9</i> Months	<i>25</i> Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth place <i>Lovson</i>		
Occupation <i>None</i>		Where Residing if not at place of death <i>Lovson</i>			
Maiden , Single or Widowed		Name of Wife or Husband			
Father's Name <i>Charles Macke</i>			Father's Birthplace <i>Balto. Co.</i>		
Mother's Maiden Name <i>Emma Louise Matthews</i>			Mother's Birthplace <i>Balto. Co.</i>		
Name of person giving information <i>Mrs. Emma L. Macke</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

(61)

PHYSICIAN
OR CORONER

Primary	<i>Cerebro-Spinal Meningitis</i>	How long <i>about 3 weeks</i>
Immediate	<i>Spasms & Emaciation</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. W. Hawkins M.D.</i>
		Address <i>Lovson, Balto. Co.</i>
Accident or Suicide?		<i>Maryland</i>

Sandy Bottoms
Cem.
John Burroughs
Tousley

Name
in
Full

Caleb. H Mackenzie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

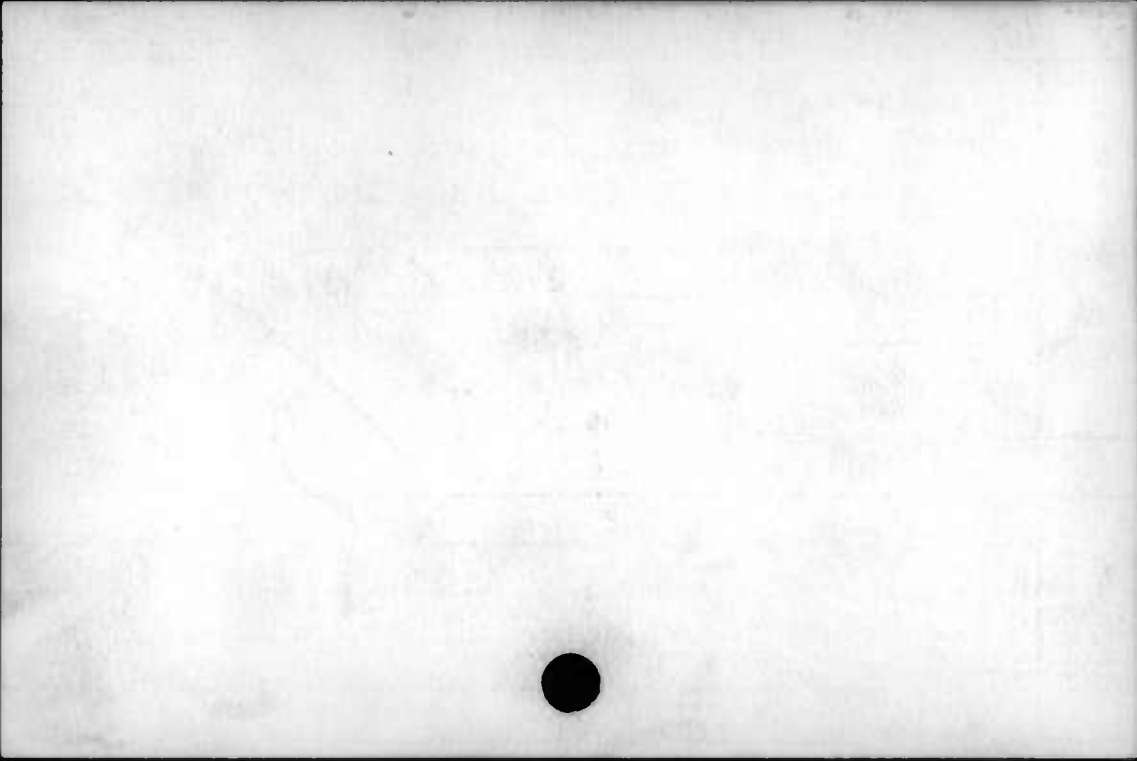
Died at <i>Cella</i> Town		<i>Balto</i> County		MARYLAND	
Date of death	1907	Month	May	Day	14
Age		80		Years	
Sex	Male	Color or Race	White	Birth-place	Maryland
Occupation	Blacksmith		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Matilda Clements		
Father's Name	Caleb Mackenzie		Father's Birthplace	Maryland	
Mother's Maiden Name	Matilda Pierce		Mother's Birthplace	Maryland	
Name of person giving information	Matilda Mackenzie		How related to deceased	Wife	

CAUSES OF DEATH

(66)
How long

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	36 hours
Immediate			
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. H. B. Rogers and	
Address		Wheatley Md.	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Prestustown</i> ^{Town} <i>Balto</i> ^{County}		MARYLAND				
Date of death <i>1907</i>	Month <i>May</i>	Day <i>6</i>	Age <i>1</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birthplace <i>Balto co Md</i>				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband					
Father's Name <i>Nicholas Maddon</i>	Father's Birthplace <i>Balto co Md</i>					
Mother's Maiden Name <i>Eliza E. Maddon</i>	Mother's Birthplace <i>" " "</i>					
Name of person giving information <i>Nicholas Maddon</i>	How related to deceased <i>Father</i>					

CAUSES OF DEATH

Primary <i>Largrippe</i>	How long <i>one week</i>
Immediate <i>Pneumonia</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James Gore M.D.</i>
	Address <i>Prestustown Md,</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER



Name
in
Full

Jennie. Smith Webster. Magraw.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Relay.</i>		Town		<i>Baltimore</i>		County		MARYLAND			
Date of death <i>1907.</i>		Month <i>May.</i>		Day <i>19</i>		Age <i>57.</i>		Months <i>3.</i>		Days <i>11.</i>	
Sex <i>Female.</i>		Color or Race <i>White.</i>		Birth-place <i>Baltimore Md.</i>							
Occupation				Where Residing if not at place of death <i>Relay.</i>							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Stephen C. Magraw.</i>									
Father's Name <i>Rev. Augusta Webster.</i>		Father's Birthplace <i>Baltimore Md.</i>									
Mother's Maiden Name <i>Mary J. Heines.</i>		Mother's Birthplace <i>Frederick Md.</i>									
Name of person giving information <i>Heattie C Magraw.</i>		How related to deceased <i>Daughter.</i>									

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Repeated cerebral hemorrhages</i>		How long <i>17 years</i>	
<i>hemiplegia.</i>			
Immediate <i>Cerebral softening</i>		How long <i>1 year</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm R. Eareckson</i>	
		Address <i>Eek Ridge, Md.</i>	
Accident or Suicide?			

Funeral Directors

H. W. Jenkins - Son &

Place of ~~Burial~~

Burial

Colora

Cecil County Md

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

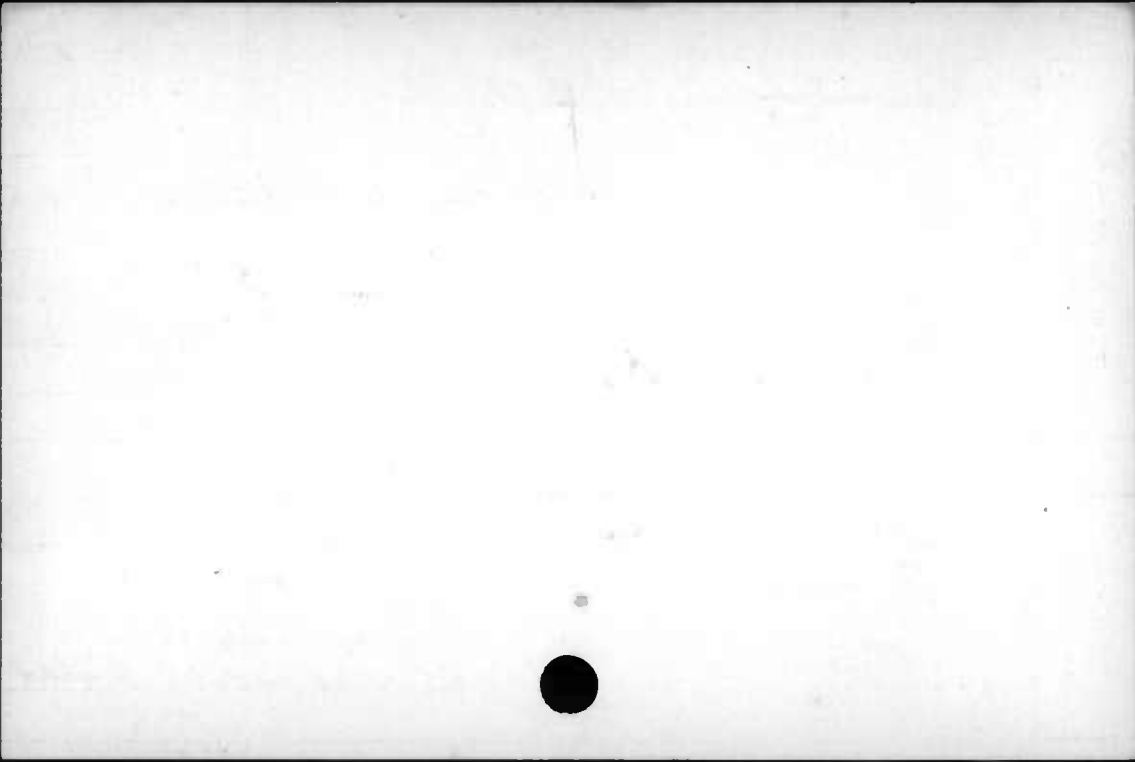
Died at <i>Calumet</i>		Town <i>Calumet</i>		County <i>Baltimore</i>		STATE <i>MARYLAND</i>	
Date of death	<i>1907</i>	Month <i>May</i>	Day <i>2</i>	Age	Years <i>46</i>	Months <i>1</i>	Days <i>15</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Baltimore</i>
Occupation	<i>Watchman</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Elmira Virginia Middlekamp</i>			
Father's Name	<i>John H H Middlekamp</i>				Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Helena M Bortmann</i>				Mother's Birthplace	<i>Germany</i>	
Name of person giving information	<i>Mrs A Seiche</i>				How related to deceased	<i>Sister</i>	

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary	<i>Pistol Shot Wound of Lungs.</i>		How long	<i>few minutes</i>
Immediate	<i>Hemorrhage</i>		How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes.</i>		
Signature of Physician		<i>Harry B. Whitely</i>		
Address		<i>Catonville</i>		
Shot by Son. Exonerated by jury from blame.		<i>and</i>		
Accident or Suicide?		<i>and</i>		



Name
in
Full

George Nicholas Moale

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Home in Spring Valley* ^{Town} *Baltimore* ^{County} *MARYLAND*Date of death *1907* ^{Month} *May* ^{Day} *9th* ^{Years} *72* ^{Months} *7* ^{Days} *3*Sex *male* Color or Race *white* Birth-place *Baltimore, Md.*Occupation *None* Where Residing if not at place of deathMarried, Single or Widowed *Widower* Name of Wife or Husband *Ellen Dr. Currey Wright*Father's Name *Randle H. Moale*Father's Birthplace *Baltimore, Md.*Mother's Maiden Name *Elizabeth Peck*Mother's Birthplace *Bristol, R.I.*Name of person giving information *Randle H. Belt*How related to deceased *nephew*

CAUSES OF DEATH

119

PHYSICIAN
OR CORONERPrimary *Dysphuria (acute),*How long *5 days*Immediate *Uremia*How long *4 days*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

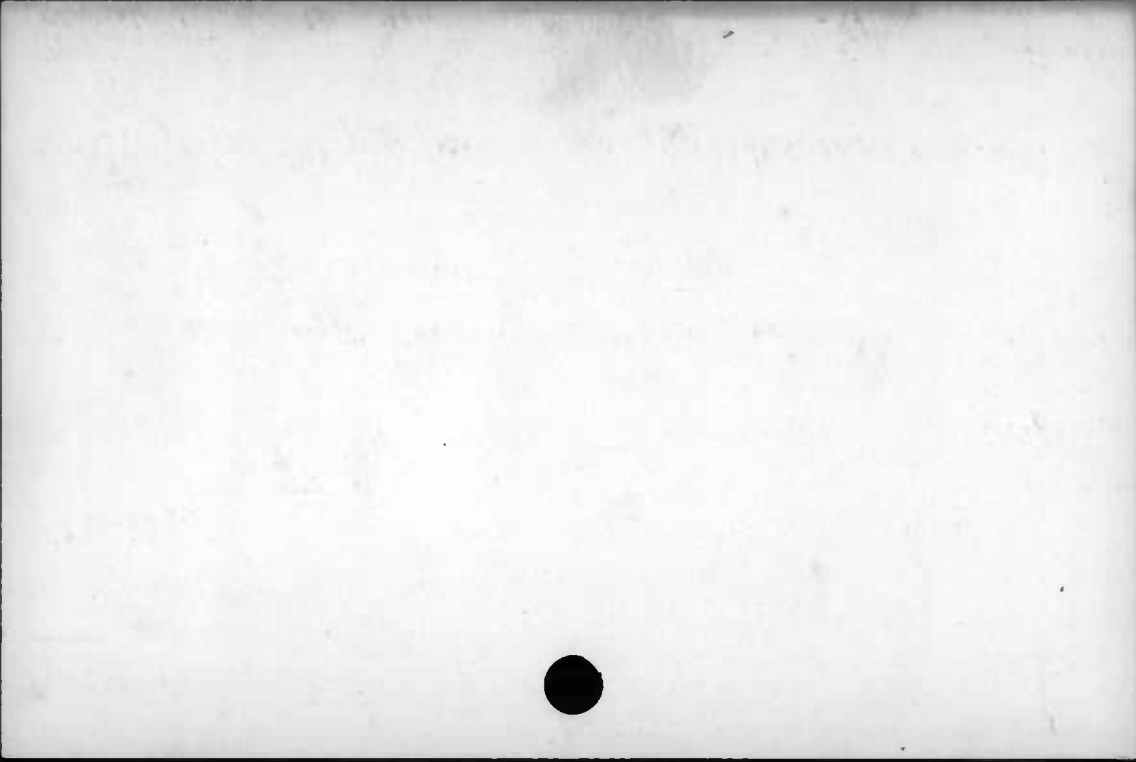
St. Louis Taylor
*Pikeville, Md.*Accident or Suicide? *—*

Henry A. Fustline Sons Co

Black of burial

Garrison Forrest

Name in Full		Christianna Monko						CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Pawson		County Balt		MARYLAND		
	Date of death		1907	Month 5	Day 18	Years Age about 80	Months —	Days —	
	Sex Female		Color or Race White		Birth- place St Louis Mo				
	Occupation Housework				Where Residing if not at place of death Pawson				
	Married, Single or Widowed Single		Name of Wife or Husband None						
	Father's Name — Monko		Father's Birthplace Unknown						
	Mother's Maiden Name Unkhaen		Mother's Birthplace Unknown						
Name of person giving Information Dr R. C. Marseuberg		How related to deceased None							
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Acute Bronchitis					How long One month	
	Immediate		Infection, Cardiac Deficiency					How long 3 days	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician R. C. Marseuberg, M.D.				
					Address Pawson				
Accident or Suicide?		Neither							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Joseph A. Neal</i>		Town <i>Loverson</i>		County <i>Balto.</i>		State <i>MARYLAND</i>	
Died at <i>Loverson</i>		Date of death <i>1907 May 28</i>		Age <i>66</i>		Months <i>—</i> Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>Col</i>	Birth-place <i>Va</i>					
Occupation <i>Driver</i>		Where Residing if not at place of death <i>Loverson</i>					
Married, <i>—</i>		Name of Wife or Husband <i>Annie Neal</i>					
Father's Name <i>George Neal</i>		Father's Birthplace <i>Va</i>					
Mother's Maiden Name <i>Betty Neal</i>		Mother's Birthplace <i>Va</i>					
Name of person giving information <i>Wm. H. Neal</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>72 hrs</i>
Immediate <i>Cardiac Asthma</i>	How long <i>2 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Gayston Green</i>
	Address <i>Loverson Md.</i>
Accident or Suicide? <i>—</i>	

To be buried in Laurel
Cemetery on Friday May 30th 1894

Felix B. Pye

102 E Mulberry St

Name

in
Full

CERTIFICATE OF DEATH

Calvin A. Owens

Town

County

Died at *Lawson**Balto*

MARYLAND

Date

of death *1907*

Month

May

Day

11th

Age

Years

63

Months

Days

Sex

*Male - O*Color or
Race*White*Birth-
place*Maryland -*

Occupation

*Farmer*Where Residing if not
at place of deathMarried, ~~Single~~
or WidowedName of Wife or
Husband*Mary Owens*Father's
Name*Richard Owens*Father's
Birthplace*D.C.*Mother's
Maiden Name*Unknown*Mother's
Birthplace*MD*Name of person giving
Information*Mrs. J. Mooney*How related
to deceased*Son-in-law*

CAUSES OF DEATH

40

Primary

Carcinoma of Stomach

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*S. Huffitt Davis M.D.*

Address

1230 High St.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Emmanuel B. Painter

CERTIFICATE OF DEATH

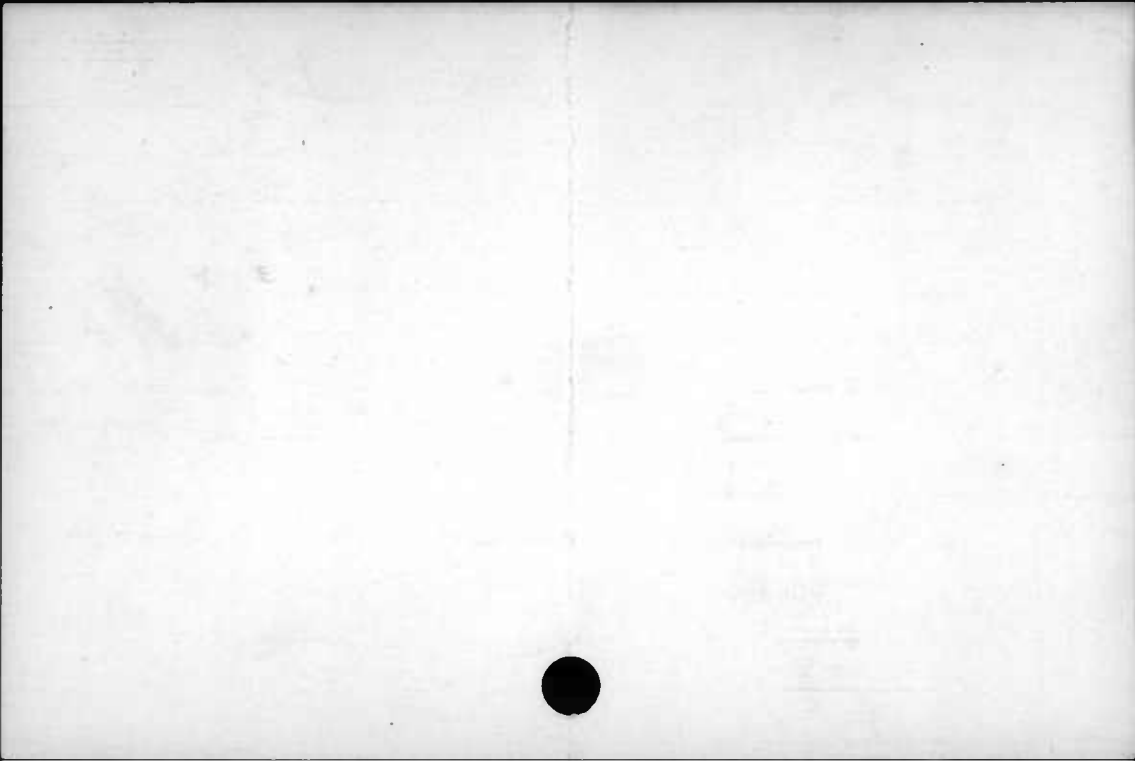
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Narvon</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	1907	Month	<u>May</u>	Day	31
Age		74		Months	7
Sex		Male		Color or Race	White
Occupation		Carpenter		Birth-place	Balti. Co Md
Where Residing if not at place of death		Narvon Balt. Co Md			
Married, Single or Widowed	Name of Wife or Husband				
Married	Laura V. Painter				
Father's Name	John Painter				Father's Birthplace
				Balti. Co Md	
Mother's Maiden Name	Sarah Bawblitz				Mother's Birthplace
				Balti. Co Md	
Name of person giving information	Laura V. Painter				How related to deceased
				Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Gastro-enteritis</u>	How long	<u>4 months</u>
Immediate	<u>General debility & old age</u>	How long	<u>6 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>J. J. Benson</u>
Address		<u>Rockyville Md</u>	
Accident or Suicide?			



Name
in
Full

Harry. E. Parks.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Orangeville</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>May</i> <small>Month</small>	<i>28</i> <small>Day</small>	<i>18</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pa</i>		
Occupation <i>Ratwer.</i>	Where Residing if not at place of death <i>422 West 25th St.</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>James. Parks.</i>	Father's Birthplace <i>Pa</i>		Mother's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Carah Parks.</i>	Name of person giving information <i>Geo. W. Hughes.</i>		How related to deceased <i>Brother-in-law</i>		

CAUSES OF DEATH

166

Primary <i>Killed Accident</i>	How long <i>immediate</i>
Immediate <i>Killed by Train</i>	How long <i>"</i>

Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician *P.A. Dummigan*
Address *203 Foote St
Baltimore*

Accident or Suicide? *Accident*

A S Ulaus hall
3539 Fall Road
Remov, to, 3539 Fall Road
May 29 -17

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Frederick Pfeiffer

Died at Calouenlle

Town

Balls

County

MARYLAND

Date

of death 1907

Month

May

Day

7

Age

Years

74

Months

4

Days

21

Sex

Male

Color or
Race

White

Birth-
place

Baltimore

Occupation

Carpenter

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

John Frederick Pfeiffer

Father's
Birthplace

Germany

Mother's
Maiden Name

Justina Raff

Mother's
Birthplace

Germany

Name of person giving
information

George F. Pfeiffer

How related
to deceased

Brother

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary

Cerebral Hemorrhage

How long

3 years

Immediate

"

"

How long

24 hours

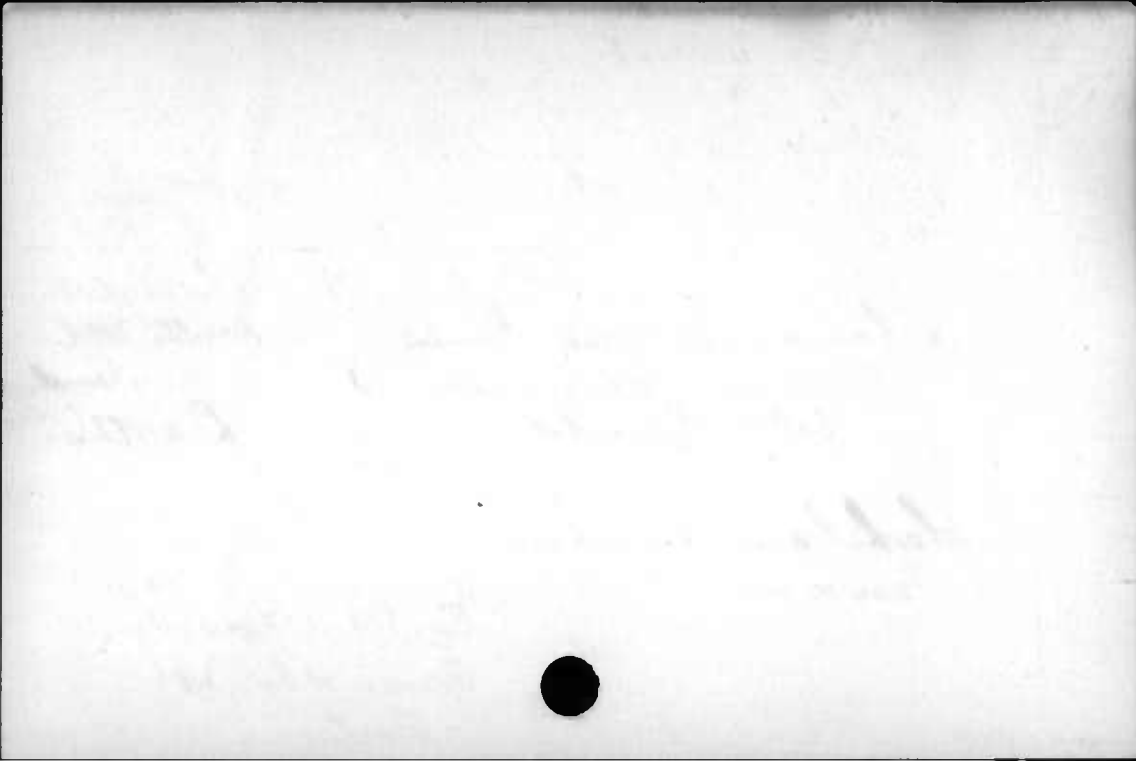
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Dr. L. M. Mattfeldt

Address

Calouenlle Md

Accident or Suicide?



Name
in
Full

Florence M. Phillips

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Govone.</i>		Town <i>Govone</i>		County <i>Batte</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>28</i>	Age <i>42</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>				
Occupation <i>None</i>			Where Residing if not at place of death <i>Northington Pa</i>				
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Flister W. Phillips</i>					
Father's Name <i>Thomas Nicholson Gould</i>		Father's Birthplace <i>Batte Md</i>					
Mother's Maiden Name <i>Evelyn Glanville</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Wm Gould</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

93

PHYSICIAN OR CORONER	Primary <i>Alcoholism, Morphine</i>	How long <i>15 yrs</i>
	Immediate <i>Pneumonia</i>	How long <i>5 days</i>
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. W. Hocking</i>
		Address <i>Govone, Sta D.</i>
	Accident or Suicide?	<i>Baltimore</i>

For Removal to
Baltimore

Wm Cook
502 E North
av

Name
in
Full

William Phillips

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

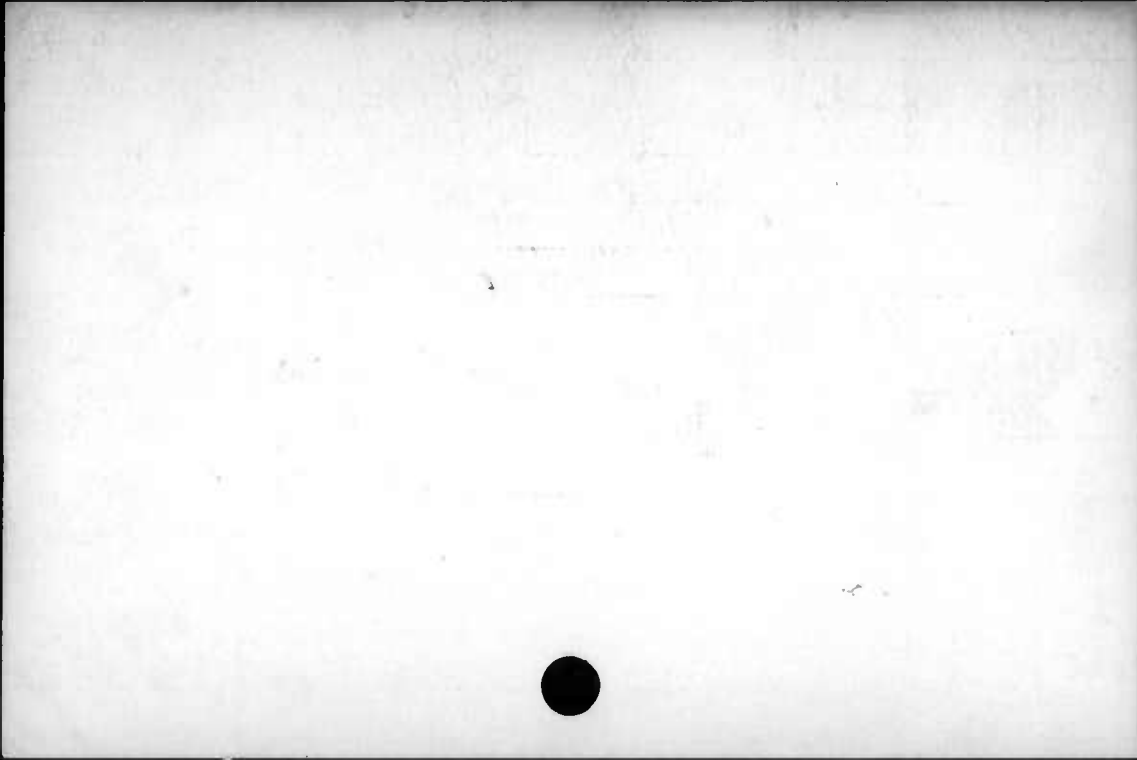
Died at		Town Catonsville		County Balto.		MARYLAND	
Date of death		Month May	Day 10	Years 25	Months -		Days -
Sex Male		Color or Race Negro.		Birth- place Md.			
Occupation Laborer		Where Residing if not at place of death Md. Hosp. for Insane					
Married, Single or Widowed Single		Name of Wife or Husband Unknown					
Father's Name Unknown		Father's Birthplace Unknown					
Mother's Maiden Name Unknown		Mother's Birthplace Unknown					
Name of person giving In formation Hospital Records.		How related to deceased Unknown					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulm. Tuberculosis	How long	3 mos.
Immediate	Exhaustion	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Accident or Suicide?		No.	
Signature of Physician		R. Edw. Garrett	
Address		Md. Hospital for Insane Catonsville Md.	



Name
in
Full

Hattie M. Pleasant

CERTIFICATE OF DEATH

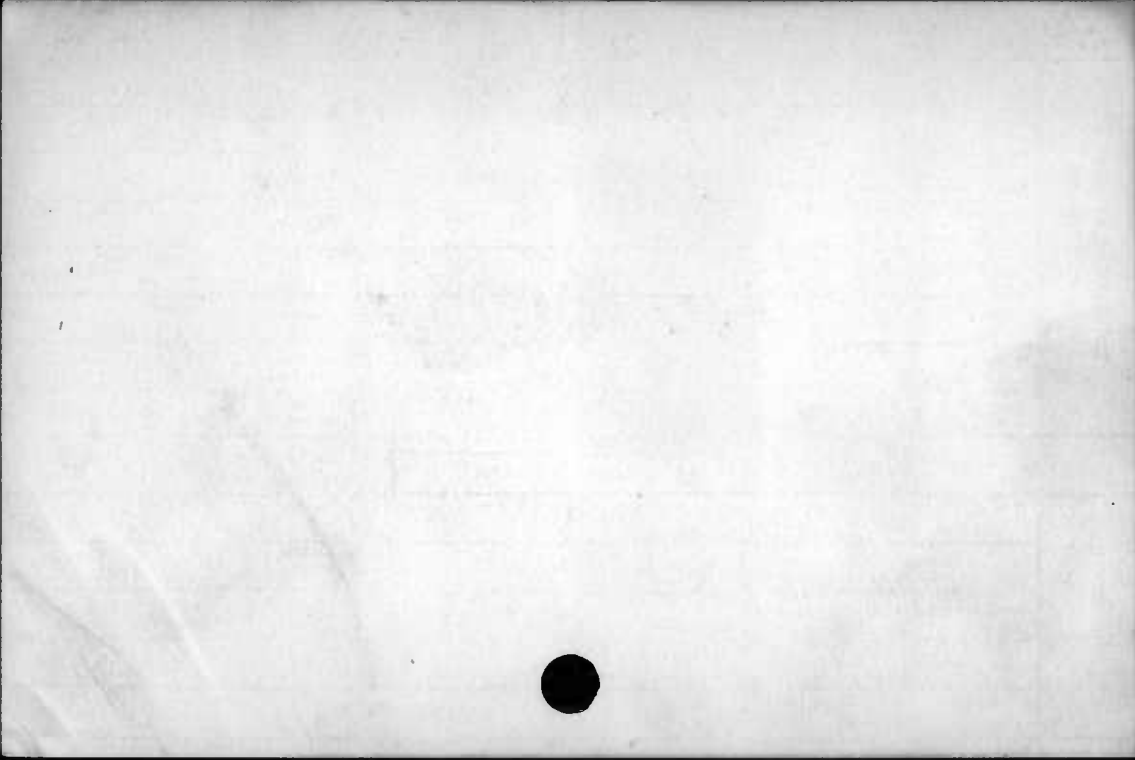
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Spinn Point</i>		Town <i>Spinn Point</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1907	Month	May	Day	10	Age	2
						Years	3
						Months	
						Days	
Sex	Male		Color or Race	Negro		Birth-place	<i>Spinn Point</i>
Occupation	None		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	<i>Ernest Pleasant</i>				Father's Birthplace	<i>Va</i>	
Mother's Maiden Name	<i>Annie Allison</i>				Mother's Birthplace	<i>Va.</i>	
Name of person giving information	<i>Ernest Pleasant</i>				How related to deceased	<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Malaria</i>	How long	<i>3 days</i>
Immediate	<i>Breucha Pneumonia</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>J. C. Eldred</i>	
Address		<i>Spinn Point</i>	
		<i>Md</i>	
Accident or Suicide?		No	



Name
in
Full

Charles. Edw. Ransom

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Poplar ^{Town} Heights ^{County} Baltimore

Date of death 1907 May 20 Age Years Months 2 Days 24

Sex Male Color or Race Colored Birth-place Maryland

Occupation _____ Where Residing if not at place of death Poplar Heights

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Douglas Ransom Father's Birthplace Va

Mother's Maiden Name Annie " Mother's Birthplace Va

Name of person giving information Annie " How related to deceased Mother

CAUSES OF DEATH

Primary Acute Indigestion 104 How long 20 Minutes

Immediate Spasms. How long 20 "

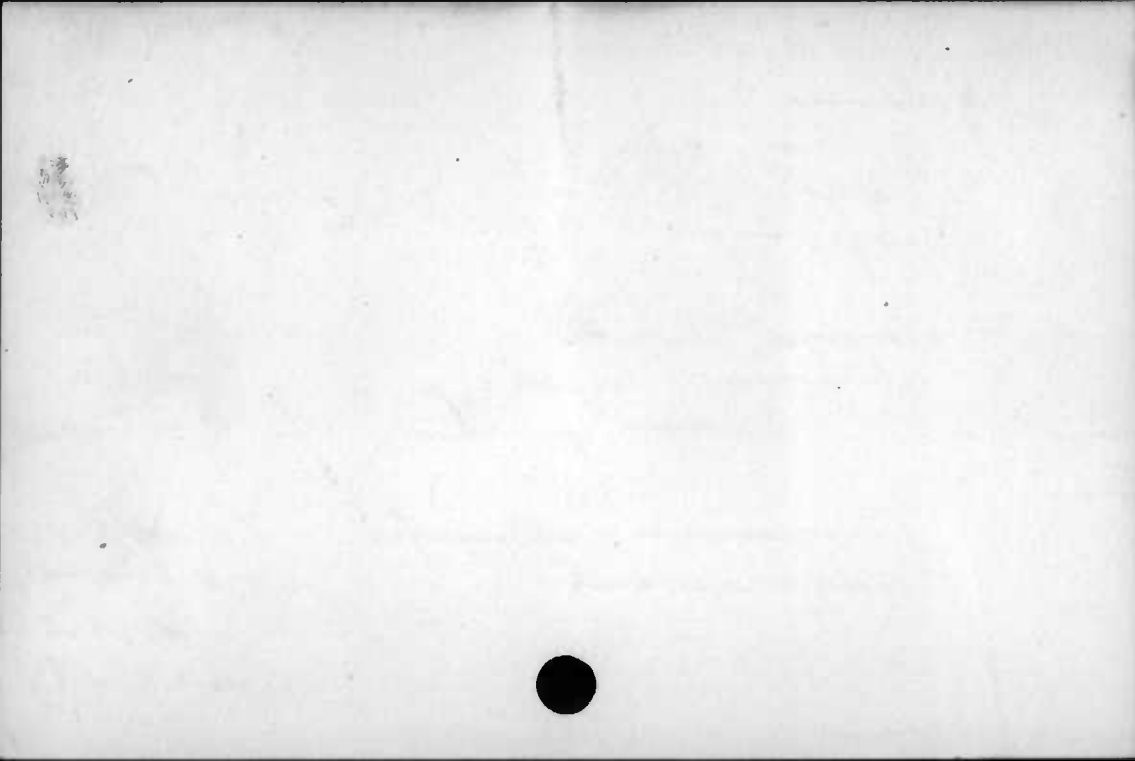
Are the name, age, sex, color, date and place correctly given above? Yes. Signature of Physician P.A. Drummigan

Address 293 Toole St

Accident or Suicide? Natural Cause

PHYSICIAN
OR CORONER

P.A. Drummigan



Name
in
Full

CERTIFICATE OF DEATH

Ludwig Rebecki

Town *Spencer's Point* County *Baltimore* MARYLAND

Died at *Spencer's Point*

Date of death **1907** Month *May* Day *18* Age *5* Years Months *1* Days *-*

Sex *Male* Color or Race *White* Birthplace *Austria*

Occupation *School boy* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Mendolin Rebecki* Father's Birthplace *Austria*

Mother's Maiden Name *Catherine Sluzark* Mother's Birthplace *Austria*

Name of person giving information *Mendolin Rebecki* How related to deceased *Father*

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

47

Primary *Pharyngeal Inflammation* How long *7 days*

Immediate *Endocarditis* How long *48 hours*

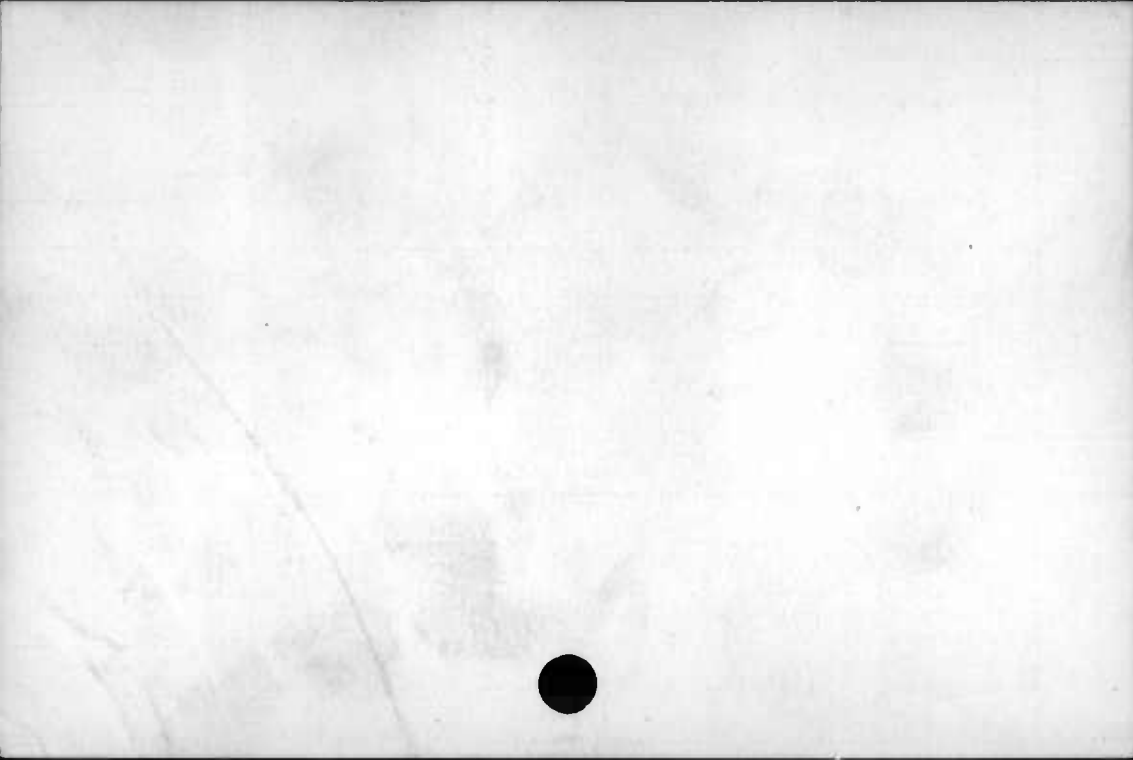
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *F. C. Elder M.D.*

Address *Spencer's Point Md*

Accident or Suicide? *No*

PHYSICIAN
OR CORONER



Name
in
Full

Lyddia Riddlemose

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

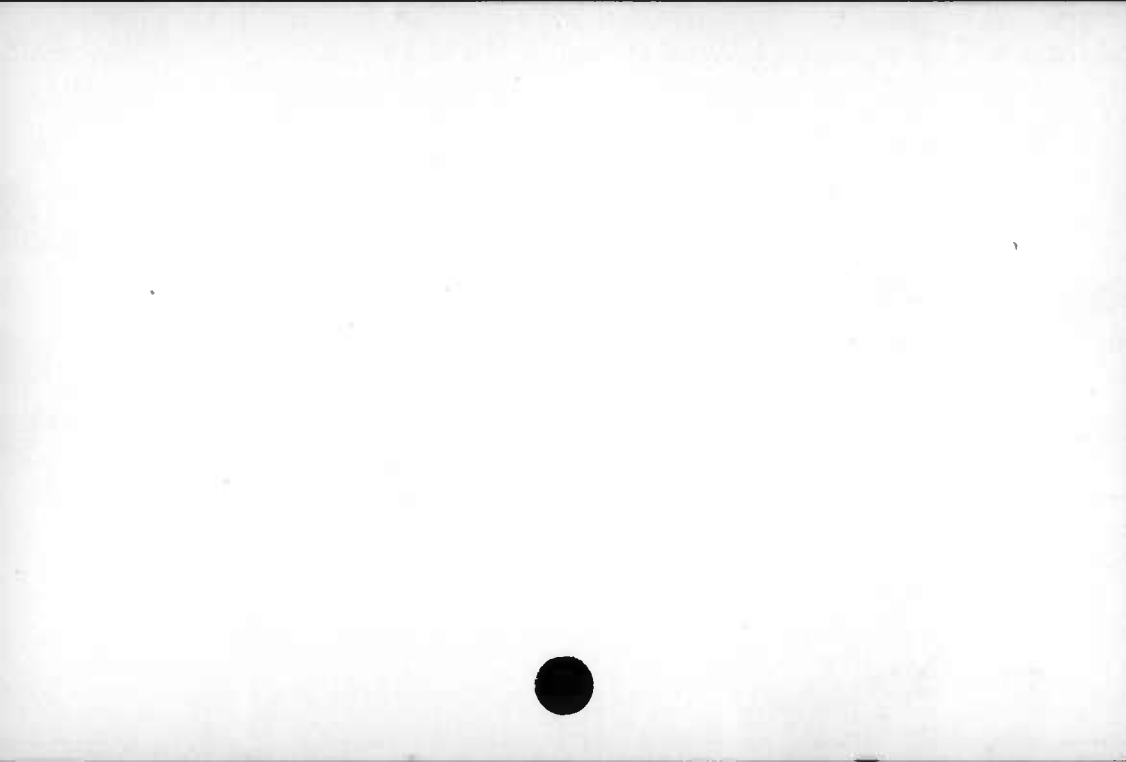
Died at <i>Mt Hope Retreat</i>		Town <i>Baltimore</i>		County	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>14th</i>	Years <i>Age 65</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ind.</i>			
Occupation <i>None</i>	Where Residing if not at place of death <i>Emmelsburg Ind.</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Unknown</i>				
Father's Name <i>Not Known</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>"</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Receas Mt Hope Retreat</i>	How related to deceased <i>Not at all</i>				

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary <i>Ex. Terminal Dementia -</i>	How long <i>over 20 years</i>
Immediate <i>Ex - Epileptoid Convulsions</i>	How long <i>3 or 4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Mt Hope Retreat</i>
	<i>Balto Co Ind.</i>
Accident or Suicide?	



Name
In
Full

Lena Robinson

CERTIFICATE OF DEATH

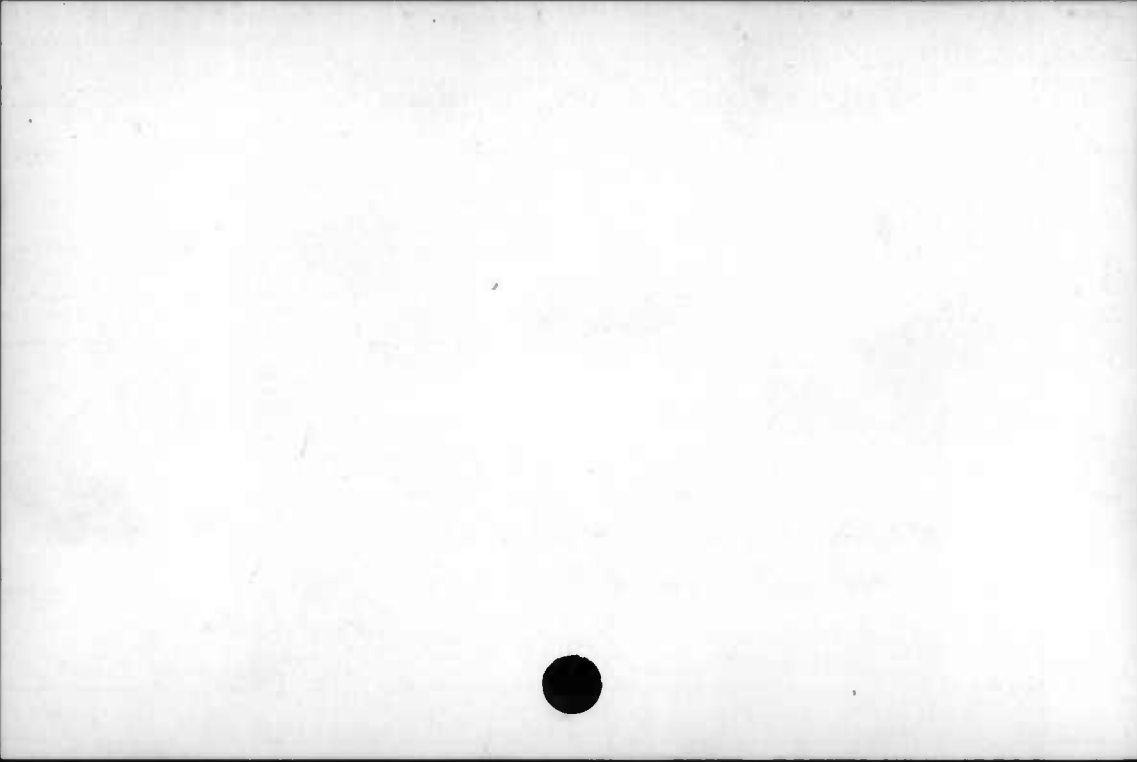
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Wt Hope Retreat</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	Month <u>May</u>	Day <u>24th</u>	Years <u>61</u>	Months <u> </u>	Days <u> </u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Germany -</u>			
Occupation <u>Wife of Prof. Chemistry</u>	Where Residing if not at place of death <u>173 Jackson Pl. Baltimore</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>unknown</u>				
Father's Name <u>unknown</u>	Father's Birthplace <u>unknown</u>				
Mother's Maiden Name <u> </u>	Mother's Birthplace <u> </u>				
Name of person giving information <u>Recd. Wt Hope Retreat</u>	How related to decedent <u>not at all -</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Melancholia</u>	<u>120</u>	How long <u>abt 9 mos -</u>
Immediate <u>Ex. Nephritis -</u>		How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Frank J. Flannery MD</u>	
	Address <u>Sub Registrar</u> <u>Wt Hope Retreat</u>	
Accident or Suicide? <u> </u>		



Name
in
Full

Child of Felix & Amelia Rockstroh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town
Highlandtown

County

Balto

MARYLAND

Date

of death 190

Month

7 5

Day

22

Age

Years

—

Months

—

Days

—

Sex

Male

Color or
Race

White

Birth-
place

Balto. Co.

Occupation

—

Where Residing if not
at place of death

325 N. Clinton St.

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Felix Rockstroh

Father's
Birthplace

Germany

Mother's
Maiden Name

Amelia Flughardt

Mother's
Birthplace

" "

Name of person giving
Information

Felix Rockstroh

How related
to deceased

Father

CAUSES OF DEATH

8

Primary

Premature Birth

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
PhysicianDr. F. A. Glantz
41 Easter Ave.

Address

Accident or Suicide?

Trinity term.

Herwig & Son

5/22/07

Name
in
Full

Geo. S. Rommel,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

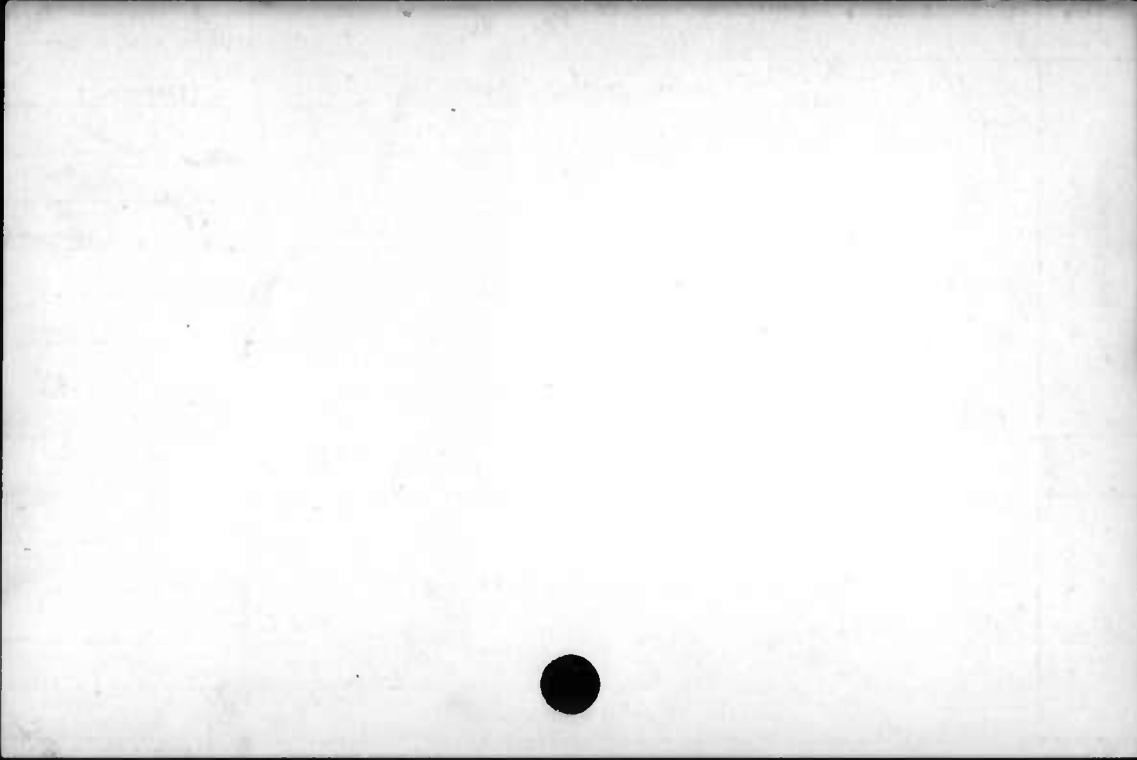
Died at <u>Fullerton</u> Town		County <u>Balt</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>May</u>	Day <u>21</u>	Age <u>87</u> Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Germany</u>		
Occupation <u>Retired</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Widowed</u>		Name of Wife or Husband <u>Anna Marie Rommel</u>			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <u>Chas. Marx</u>			How related to deceased <u>Son-in-law</u>		

CAUSES OF DEATH

(179)

PHYSICIAN
OR CORONER

Primary	<u>Failure Compensation (Heart) & Dropsy (Exhaustion)</u>	How long	<u>2 or 3 weeks</u>
Immediate	<u>Dropsy (Exhaustion)</u>	How long	<u>Several days</u>
Are the name, age, sex, color, date and place correctly given above? <u>To best of my knowledge</u>		Signature of Physician <u>Leigard Whiteford</u>	
Accident or Suicide? <u>No</u>		Address <u>Fullerton, Md.</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Leon O. Rosenheim</i>		Town <i>Relay</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at		Date of death		Age		Months Days	
Date of death <i>1907 May 16</i>		Age <i>35</i>		Months		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balt., Md.</i>			
Occupation <i>Ballman</i>		Where Residing if not at place of death <i>813 N. E. Calow St.</i>					
Married, Single <i>Yes</i>		Name of Wife or Husband					
Father's Name <i>Henry Rosenheim</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Barrie Rosenheim</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Albert Rosenheim</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<i>General Paralysis</i>	How long	<i>About 3 yrs</i>
Immediate	<i>Exhaustion & Marathon</i>	How long	<i>One week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Levy H. Ginnery</i>
		Address	<i>Relay, Md.</i>
Accident or Suicide?			

Abreu & Co
Chet Sholam

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

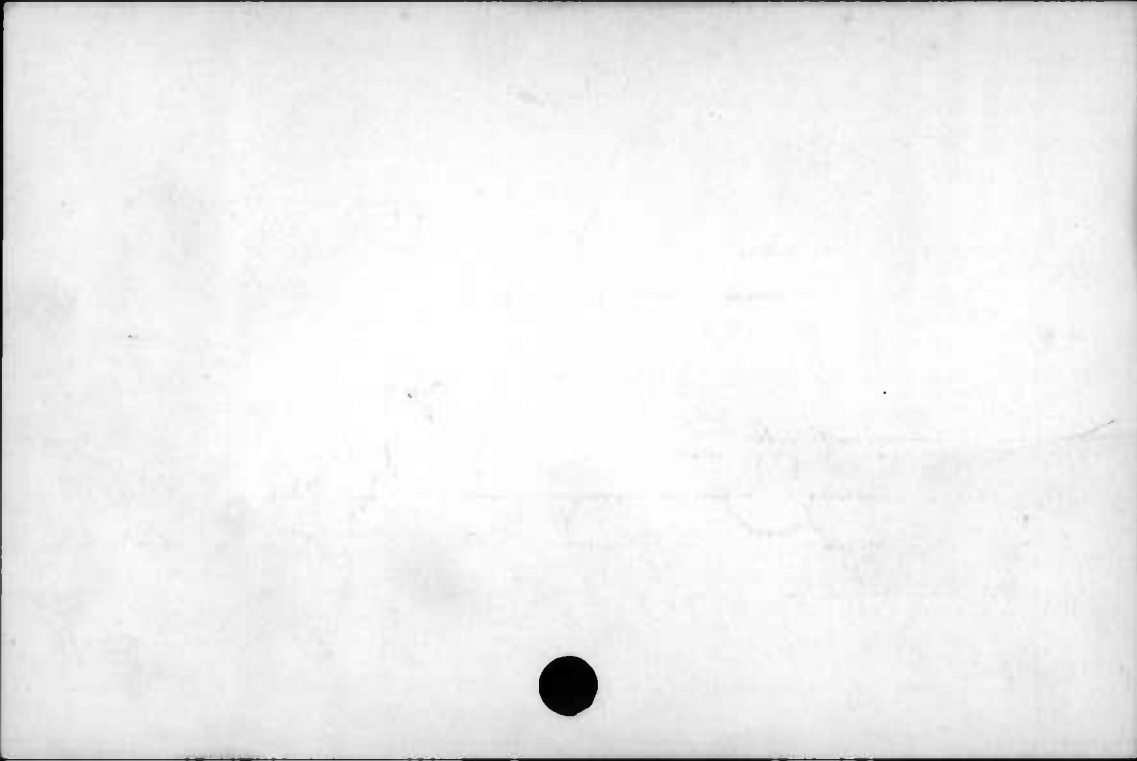
Died at <i>Heddon's Park</i>		County <i>Baltimore Co</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>22</i>	Age <i>41</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Balto</i>			
Occupation <i>Potter</i>	Where Residing if not at place of death <i>1407 Eastern ave.</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>[Signature]</i>				
Father's Name <i>John G Schreifer</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Barbara Kishman</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Henry Schreifer</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis, Natural Cause</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician
		Address
		<i>James Gilmore J.P.</i>
Accident or Suicide?		



Name
in
Full

Frederick Schulka

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>hanton</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND									
Date of death	1907	Month	May	Day	6	Age	66	Years	7	Months	7	Days	7
Sex	Male		Color or Race	White		Birth-place	Germany						
Occupation	Laborer				Where Residing if not at place of death								
Married, Single or Widowed	Married		Name of Wife		Caroline Schulka								
Father's Name	Stephan Schulka				Father's Birthplace		Germany						
Mother's Maiden Name	Not Known				Mother's Birthplace		Not Known						
Name of person giving information	Caroline Schulka				How related to deceased		Wife						

CAUSES OF DEATH

47

PHYSICIAN
OR CORONER

Primary	Rheumatic Fever
Immediate	Endocarditis

How long	6 weeks
How long	4

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

C. H. Muey

Accident or Suicide?

H. J. Lander & Son
St Paul, Minn

Name
in
Full

Daniel E. Shaw

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i>		Town		<i>Balto Md</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>May</i>		Day <i>7</i>		Age <i>61</i>		Years <i>4</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Balto</i>		Months <i>4</i>		Days <i>23</i>	
Occupation <i>Machinist</i>				Where Residing if not at place of death <i>3544 E. Balto St Balto Co</i>					
Married, Single or Widowed <i>Widower</i>				Name of Wife or Husband <i>Sarah J. Shaw</i>					
Father's Name <i>Wm F. Shaw</i>				Father's Birthplace <i>Balto Md</i>					
Mother's Maiden Name <i>Sarah J. Rogers</i>				Mother's Birthplace <i>Balto Md</i>					
Name of person giving information <i>Love Harris</i>				How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Gastric Hemorrhage</i>	How long	<i>2 days</i>
Immediate	<i>Weakness of muscles of heart</i>	How long	<i>6 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. C. Harris MD</i>	
		Address <i>156 Milton Ave</i>	
Accident or Suicide?			

CHRISTIAN MILLER.
UNDERTAKER & EMBALMER.

2834 Jefferson St. N. W. Cor. Montford Ave.

Baltimore Md.

Mt Carmel Cemetery

Name
in
Full

Thomas P. Sinnott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

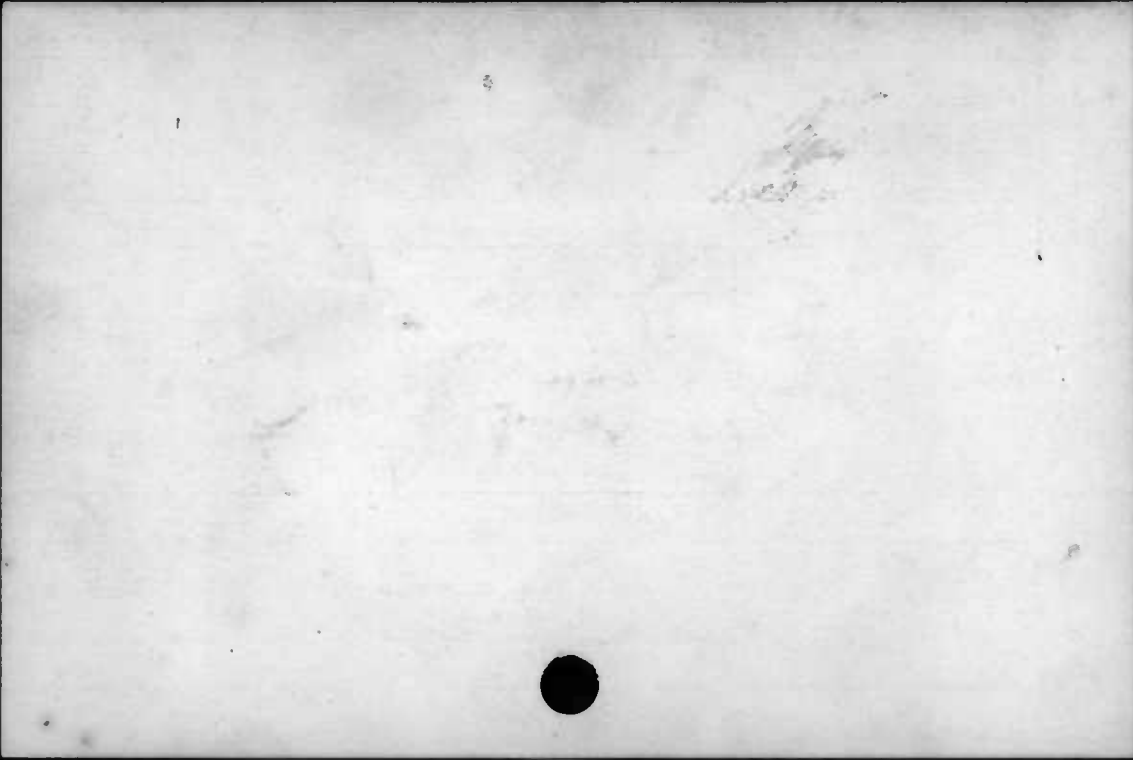
Died at <i>Lumbago</i> Town		<i>Bello</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>5</i>	Day <i>31</i>	Age <i>38</i> Years	Months	Days
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Bellie Sinnott</i>				
Father's Name <i>Pat Sinnott</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Susan M. Quinn</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Bellie Sinnott</i>	How related to deceased				

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>1 yr.</i>
Immediate <i>Exhaustion</i>	How long <i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. H. Beuten M.D.</i>
	Address <i>Wt Washington</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

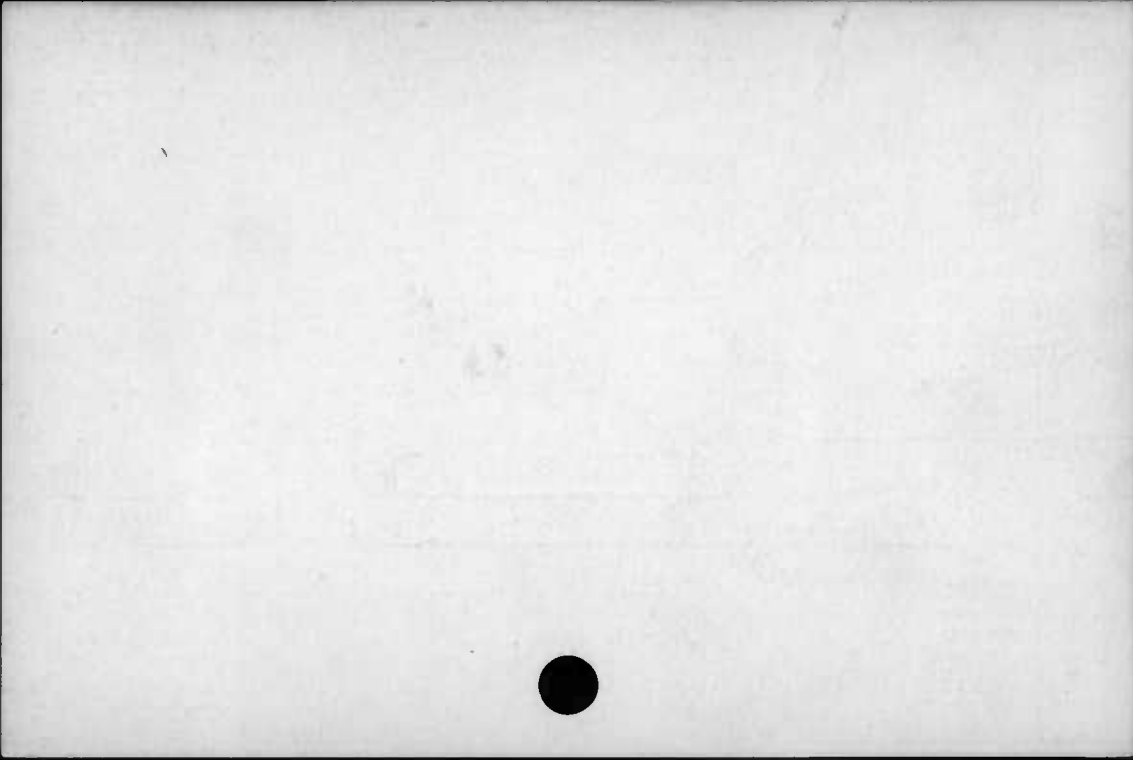
Died at <i>Highlandtown</i> ^{Town}		<i>Balto.</i> ^{County}		MARYLAND		
Date of death <i>1907</i> ^{Month}		<i>May</i> ^{Day}	<i>28</i> ^{Age}	<i>40</i> ^{Years}	<i>7</i> ^{Months}	<i></i> ^{Days}
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto. Ind.</i>		
Occupation <i>Labour</i>			Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>				
Father's Name <i>George R. Small</i>		Father's Birthplace <i>Balto.</i>				
Mother's Maiden Name <i>Hettie Penny</i>		Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Shyeth A. Small</i>		How related to deceased <i>Brother</i>				

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary <i>and Congestive</i> <i>Pneumonia</i>	How long <i>Several mos.</i>
Immediate <i>Starvation</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. F. A. Slantz</i>
	Address <i>41 Eastern Ave. E. I.</i>
Accident or Suicide?	



Name
in
Full

Augusta M. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town Highlandtown		County Balto.		MARYLAND		
Date of death 190 7		Month 5	Day 17	Age Years	Months 2	Days
Sex Female		Color or Race White		Birth place Balto. Co.		
Occupation		Where Residing if not at place of death #21 Bank St. Ext.				
Married, Single or Widowed		Name of Wife or Husband				
Father's Name Henry Smith		Father's Birthplace Balto.				
Mother's Maiden Name Florence S Knight		Mother's Birthplace Balto. Co.				
Name of person giving In formation Henry Smith		How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	measles	How long	1 week.
Immediate	Pneumonia	How long	3 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		Dr. J. A. Slank	
		Address 41 Eastern Ave. Ch.	
Accident or Suicide?			

Camp Chaple

5/18/07 Herwig & Son
2008 Orleans St.

Name in Full		Elizabeth C Smith				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Gorham		County Bolto		MARYLAND	
	Date of death	1907	Month May	Day 22	Age 6.7	Months 3	Days 14
	Sex	Female		Color or Race	White		Birth-place Germany
	Occupation	Housewife			Where Residing, if not at place of death Gorham		
	Married, Single or Widowed	Name of Wife or Husband Christian Smith Sr					
	Father's Name	Andrew Wierzbog				Father's Birthplace	Germany
	Mother's Maiden Name	Elizabeth Miller				Mother's Birthplace	"
Name of person giving information	Christian Smith Sr						How related to deceased Husband
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Coronary Arteriosclerosis				How long	1 yr ?
	Immediate	Emphysema				How long	1 wk.
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician Geo. H. Hogans		
	Accident or Suicide?				Address 7000 Rd. S. W. Md. P.O. Badin		

42

Baltimore's Cemetery -
Dr. Geo. H. H. H. H.
- Governor -

Name
in
Full

Exeter Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

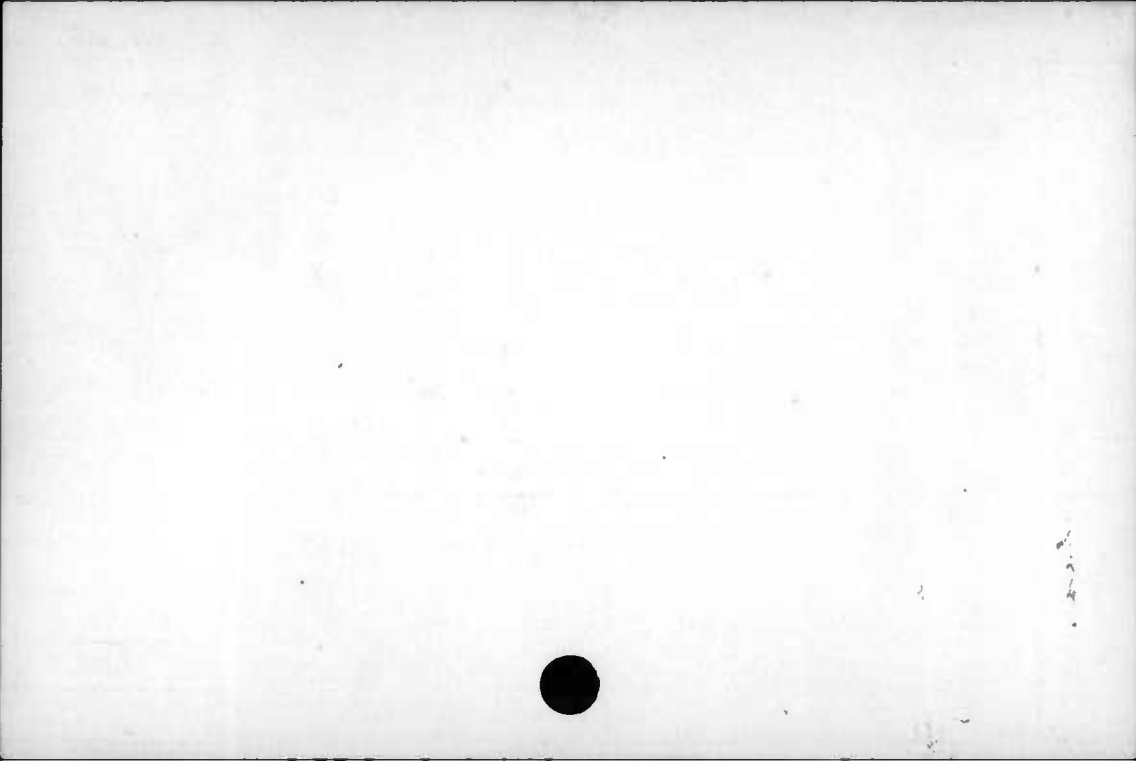
Died at <u>Waller's</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	Month <u>May</u>	Day <u>31</u>	Age <u>50</u>	Years	Months
Sex <u>male</u>	Color or Race <u>colored</u>		Birth-place <u>Unknown</u>		
Occupation <u>Suburban</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>-</u>			Name of Wife or Husband		
Father's Name <u>- Unknown</u>			Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>- Unknown</u>			Mother's Birthplace <u>Unknown</u>		
Name of person giving information <u>Ely Russell</u>			How related to deceased <u>son</u>		

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary	<u>Pul Tuberculosis</u>	How long	<u>One year</u>
Immediate		How long	<u>-</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Charles Harrison</u>	
		Address <u>Middle River Md</u>	
Accident or Suicide? <u>no</u>			



Name
in
Full

Edward Lawrence Solace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} St Mary's Industrial School ^{County} BaltimoreDate of death 1907 ^{Month} May ^{Day} 18 ^{Years} Age 60 ^{Months} ^{Days} Sex Male ^{Color or Race} White ^{Birth-place} Galway, IrelandOccupation Cook & Procurator ^{Where Residing if not at place of death} St Mary's Indl SchoolMarried, Single or Widowed Single ^{Name of Wife or Husband} Father's Name Not Known ^{Father's Birthplace} GalwayMother's Maiden Name Not Known ^{Mother's Birthplace} GalwayName of person giving information Bro Dominic ^{How related to deceased} no relation

CAUSES OF DEATH

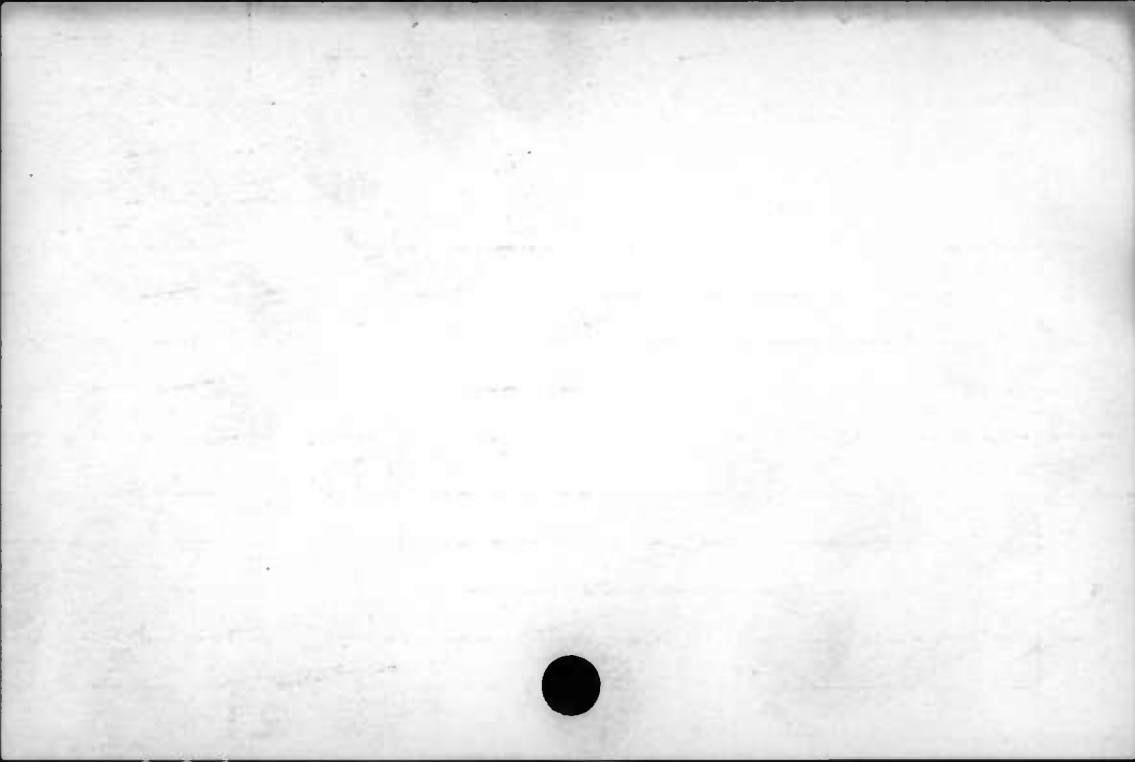
27

Primary Pulmonary Tuberculosis. ^{How long} 3 mos.Immediate ^{How long}

Are the name, age, sex, color, date and place correctly given above? Yes.

^{Signature of Physician} J W Shaw.
^{Address} 88 Agnes Hospital

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Perrilico</i> <small>Town</small>		<i>Balto.. Co Md</i> <small>County</small>		MARYLAND	
Date of death 1907 <i>May</i> <small>Month</small>		<i>7</i> <small>Day</small>	Age <i>55</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth <i>Balto Co Md</i>		
Occupation <i>Operator</i>		Where Residing if not at place of death <i>Perrilico</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>More</i>				
Father's Name <i>Thomase Stanton</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Catherine Horan</i>	Mother's Birthplace <i>Ireland</i>				
Name of person giving information <i>Wm Chas Hook</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

33

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis of Kidney</i>	How long	<i>Several years</i>
Immediate	<i>acute debility</i>	How long	<i>Several months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A Baruthman</i>	
		Address <i>Red & 2nd</i>	
Accident or Suicide?			

St. Marys Cerr.
Goveaux -
John Burrus Son
London

Permit was issued by
Dr R. B. Massenburg +

● Certificate sent to

Dr H. A. Taylor

Pikeville for

his consideration

Name
in
Full

Alfred H Taggart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

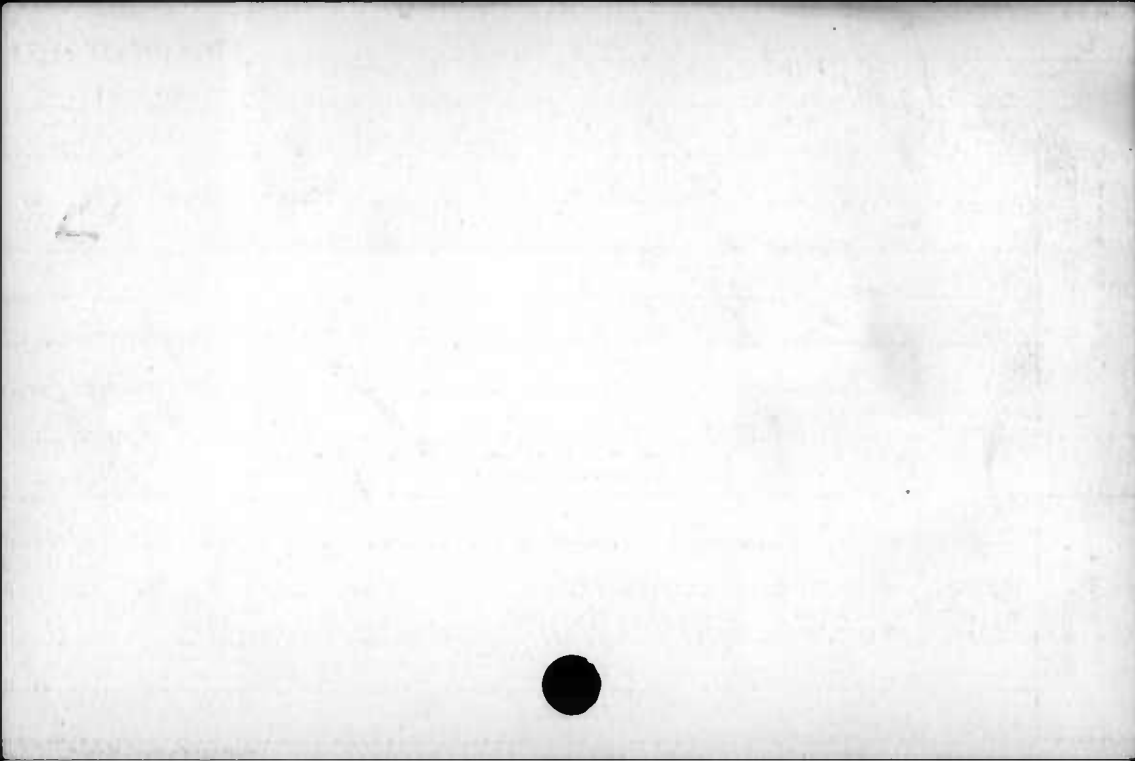
Died at <u>Catoonsville</u> Town		<u>Calho</u> County		MARYLAND	
Date of death	1907	Month	May	Day	9
Age		Years		Months	
Sex		Male		Color or Race	
Occupation		—		Where Residing if not at place of death	
Married, Single or Widowed		Single		Name of Wife or Husband	
Father's Name		Alfred Taggart		Father's Birthplace	
Mother's Maiden Name		Gertrude Liddle		Mother's Birthplace	
Name of person giving information		Alfred Taggart		How related to deceased	
				Father	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<u>Gastro intestinal indigestion</u>	How long	<u>3 weeks</u>
Immediate	<u>Acute Gastro intestinal intoxication</u>	How long	<u>24 hrs</u>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<u>Marshall B West</u>	
Address		<u>Catoonsville</u>	
Accident or Suicide?		<u>Ind</u>	



Name
in
Full

Thomas H. Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bendale</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>5</i>	Day <i>19</i>	Age <i>68</i>	Years	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>McDonnell Farm</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Bendale</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Wickerson Taylor</i>	Father's Birthplace <i>McDonnell Farm</i>				
Mother's Maiden Name <i>Rebecca Staubsbury</i>	Mother's Birthplace <i>Huttmaster</i>				
Name of person giving information <i>Mrs Calio S Taylor</i>			How related to deceased <i>Sister in law</i>		

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Hemiplegia - Multiple Neuritis</i>	How long <i>2 years</i>
Immediate <i>Uraemic Coma</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. C. Massembury</i>
<i>Yes</i>	Address <i>Towson</i>
Accident or Suicide? <i>Neither</i>	

John Burns Sons

Burns

Taylor's Chapel

Willow Road

XX

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

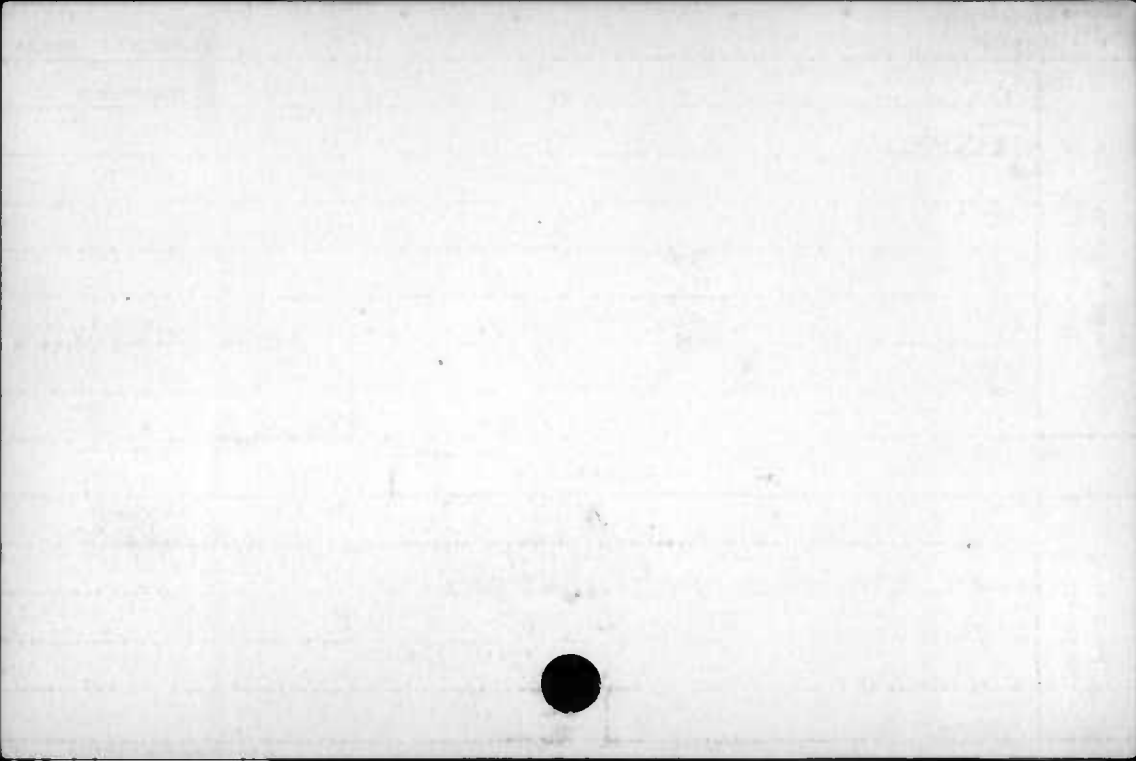
Died at <i>Pikesville</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	1907	Month	5	Day	30
Age	74	Years		Months	
Sex	Male	Color or Race	White	Birth-place	Md.
Occupation	Farmer		Where Residing if not at place of death <i>Pikesville</i>		
Married, Single or Widowed	Widow	Name of Wife or Husband <i>W. Brown</i>			
Father's Name	<i>Unknown</i>		Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name	<i>U</i>		Mother's Birthplace <i>U</i>		
Name of person giving information	<i>H. H. Mathew</i>		How related to deceased <i>None</i>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Chronic Interstitial Nephritis</i>	How long	<i>Long / now</i>
Immediate	<i>Uremic Insufficiency</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. E. Wynn</i>	
		Address <i>Pikesville Md.</i>	
Accident or Suicide?			



Name
in
Full

Margaret G. Walker

CERTIFICATE OF DEATH

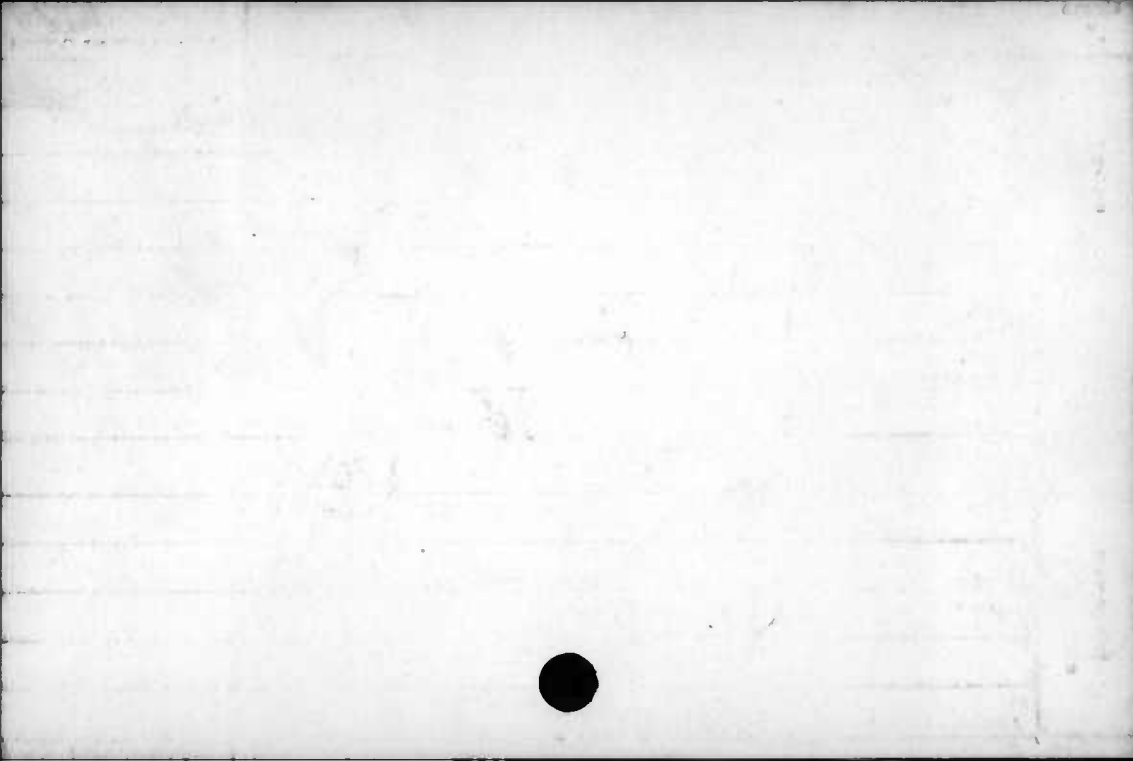
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dorchester-High-</i>		County <i>Balt</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>May</i>	Day <i>25</i>	Age <i>1</i>	Years <i>3</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Balt. Md</i>		
Occupation <i>chris</i>	Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Joshua Walker</i>		Father's Birthplace <i>Baltimore, Md.</i>			
Mother's Maiden Name <i>Anna Rundle</i>		Mother's Birthplace <i>Baltimore, Md.</i>			
Name of person giving information <i>Joshua Walker</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Parotitis -</i>	How long <i>7 days</i>
Immediate <i>Dentition and Convulsions</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank H. Ruhl</i>
	Address <i>Lansdowne Balt. Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Wardell, Edna, M.		Town		Catonsville		County		Baltimore		MARYLAND	
Died at		Date of death		Month		Day		Years		Months		Days	
1907		May		2		Age		32					
Sex		Female		Color or Race		White		Birth-place		Ind.			
Occupation		Face Cap Maker		Where Residing if not at place of death									
Married, Single or Widowed		Single		Name of Wife or Husband									
Father's Name		John R. Wardell		Father's Birthplace		Md							
Mother's Maiden Name		Mary A. Peters		Mother's Birthplace		Md							
Name of person giving information		Robert Wardell		How related to deceased		Brother							

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary		Paranoid Dementia		How long		5 yrs.	
Immediate		Valvular dis of Heart		How long		8 mos	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		H. H. Wade	
				Address		Catonsville Md.	
Accident or Suicide?		no					

Zirkler & Zirkler

1739 E. Cager St

Name
In
Full

Oliver J. Welsh

CERTIFICATE OF DEATH

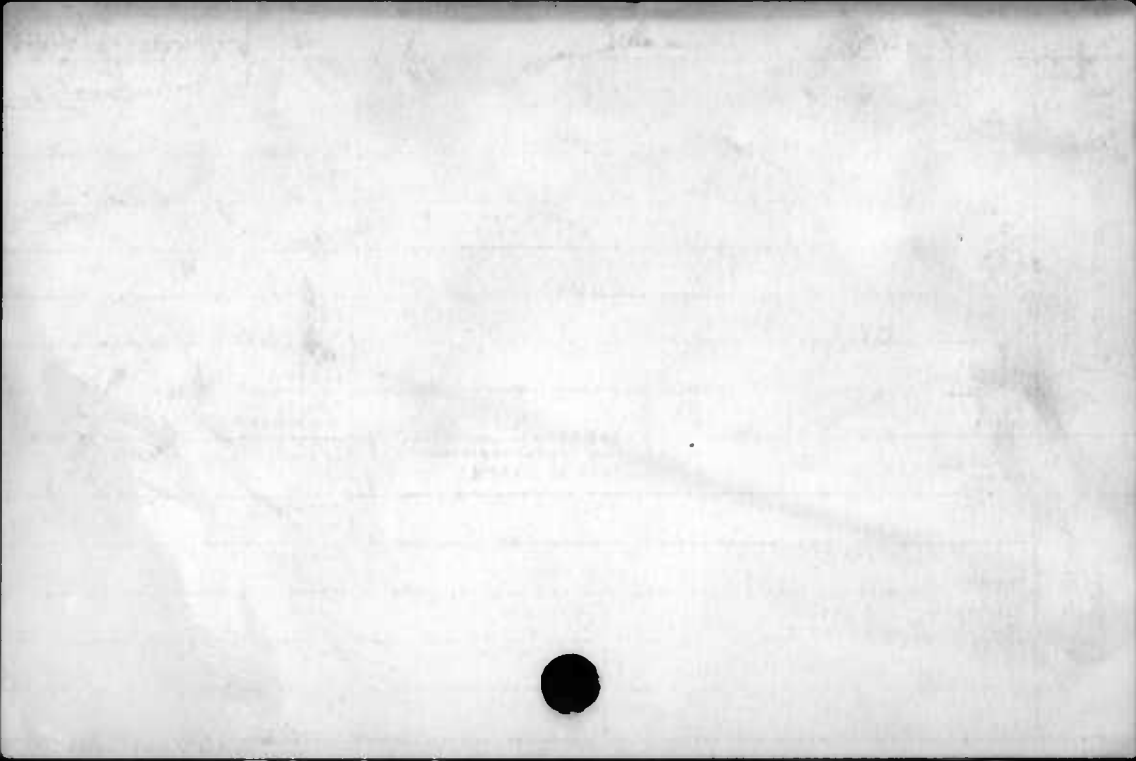
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		May	31	77			
Sex	Male	Color or Race	White		Birth-place	Maryland	
Occupation	Unknown		Where Residing if not at place of death		Woodbine Carroll Co Md		
Married, Single or Widowed	Name of Wife or Husband		Sarah Fisher				
Father's Name	William Welsh		Father's Birthplace		Maryland		
Mother's Maiden Name	Unknown		Mother's Birthplace		Maryland		
Name of person giving information	Charles Welsh		How related to deceased		Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dementia	How long	20 yrs.
Immediate	Paraplegia	How long	3 weeks.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. J. Wade
		Address	Waldenville Md
Accident or Suicide?	No		



Name
in
Full

John Augustus Whitridge

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

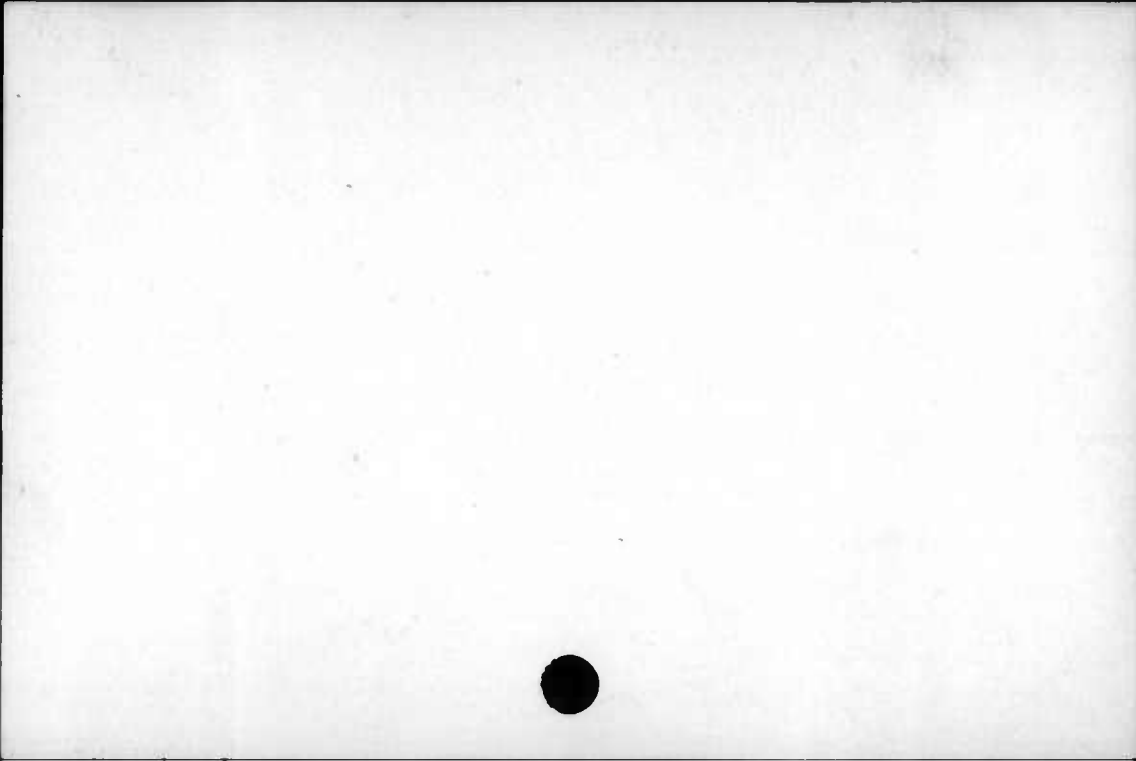
Died at		Town Eccleston		County Barto Co.		MARYLAND	
Date of death		1907	Month May	Day 24	Age 41	Months 6	Days 24
Sex male		Color or Race white		Birth- place Baltimore City			
Occupation Banker		Where Residing if not at place of death Eccleston Md					
Married, Single or Widowed widowed		Name of Wife or Husband Ellen Henderson Whitridge					
Father's Name John Whitridge		Father's Birthplace Baltimore Md					
Mother's Maiden Name Catherine Morris		Mother's Birthplace New York					
Name of person giving in formation Dr. Whitridge		How related to deceased son					

CAUSES OF DEATH

(90)

PHYSICIAN
OR CORONER

Primary	Arthritis of Neck	How long	4 yrs.
Immediate	Bronchitis	How long	6 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		A. H. Whitridge	
Address		840 Park Ave Baltimore Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Henry Williams* Town *Turners Sta.* County *Bath* MARYLAND

Died at *Turners Sta.*

Date of death *1907* Month *5* Day *5* Age *1* Years Months Days

Sex *Male* Color or Race *Colored* Birth-place *Turners Sta.*

Occupation *NO* Where Residing if not at place of death *Turners Sta.*

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *Henry Williams* Father's Birthplace *Ind*

Mother's Maiden Name *Lillie Hughes* Mother's Birthplace *N.C.*

Name of person giving information *Henry Williams* How related to deceased *Father*

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary *Lobular Pneumonia.* How long *5 days.*

Immediate *Exhaustion* How long *2 hours.*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Gar. L. P. May Jr.* Address *3rd St. South, Highlandtown.*

Accident or Suicide? *NO*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Balto. Co. Alenhouse</i>		County		MARYLAND	
Date of death	1907	3 ^{Month}	8 ^{Day}	Age about 64	Years Months Days
Sex	Male		Color or Race	White	
Occupation	Unknown		Where Residing if not at place of death	Unknown	
Married, Single or Widowed	Unknown		Name of Wife or Husband	Unknown	
Father's Name	Unknown		Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown	
Name of person giving information	Michael Bauers		How related to deceased	Nephew	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer of neck + mouth		How long	He was brought from Hebrew	
Immediate	Michael Bauers		How long	Hospital Balto.	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		B. J. Bussey	
		Address		Texas Balto. Co and.	
Accident or Suicide?					

National Cem
London Park
Johs Burrows
London

Name
in
Full

Elizabeth Woodward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Crowsm Town Balto. County MARYLAND

Date of death 1907 Month May Day 17 Age — Years Months 6 Days —

Sex Female Color or Race White Birth-place W.D.

Occupation Infant Where Residing if not at place of death Crowsm

— Married, Single or Widowed Name of — Husband

Father's Name Samuel Woodward Father's Birthplace Penna.

Mother's Maiden Name Ruth Jackson Mother's Birthplace W.D.

Name of person giving information Samuel Woodward How related to deceased Father

CAUSES OF DEATH

(151)

PHYSICIAN
OR CORONER

Primary General Inanition How long 3 Months

Immediate Convulsion How long 10 Minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. Evelyn Rees Address Crowsm W.D.

Accident or Suicide? —

John Burrer Souz
Towson

Chestnut Grove
Cerr.

Balto. Co.
and

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Shaner P.O.</i>		County <i>Baltimore</i>		State MARYLAND	
Date of death		Month <i>May</i>	Day <i>22</i>	Years <i>69</i>	Months <i>7</i>	Days <i>17</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Harford Co., Md.</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Lucan Cuddy Wright</i>					
Father's Name <i>John Wright</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Margaret Welgess</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Harry J. Wright</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

Primary	<i>Arterio-Sclerosis</i>	How long	<i>years</i>
Immediate	<i>Hemiplegia</i>	How long	<i>31 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. Nelson Dunnick</i>	
		Address <i>Stewartstown, Pa.</i>	
Accident or Suicide?			

